Student Medicine

VOLUME 7 * SEPTEMBER 1958 * NUMBER 1

CONTENTS

Editorial Comment 1

Proceedings of the Thirty-sixth Annual Meeting of the American College Health Association 3

WILLIAMS COLLEGE
OCT 2 1958
LIBRARY

Student Medicine

COPYRIGHT © 1958 CORNELL UNIVERSITY

Official Journal of the
American College Health Association

EDITORIAL COMMITTEE

Paul O. Greeley, M.D., *Chairman*
Ruth E. Boynton, M.D.
Max L. Durfee, M.D.
Edward J. Dvorak
Lester M. Dyke, M.D.
E. Muriel Farr, R.N.
Fred R. Ingram
Alexius Rachun, M.D.
John M. Stevens, M.D.
Douglass S. Thompson, M.D.

EDITOR
Ralph W. Alexander, M.D.

ASSISTANT EDITORS
Jennette Evans, M.D.
Alexius Rachun, M.D.

CONSULTING EDITOR
Norman S. Moore, M.D.

Published four times yearly, on September 15, December 1, February 1, and April 1.

Subscription price, $5.00 per year.

Address all communications regarding this journal and its contents to: The Editor, *Student Medicine*, Gannett Medical Clinic, Ithaca, New York.

Application for second-class mail privileges is pending at Ithaca, N. Y.

PRINTED IN THE UNITED STATES OF AMERICA
BY CAYUGA PRESS, INC., ITHACA, NEW YORK

Editorial Comment

STUDENT MEDICINE BECOMES THE OFFICIAL JOURNAL OF THE AMERICAN COLLEGE HEALTH ASSOCIATION

WITH THIS issue of *Student Medicine* the American College Health Association passes another milestone, because of the efforts of Dr. Norman S. Moore, Dr. Ralph W. Alexander, Editor, and Cornell University.

For years the ACHA has faithfully tried to record and report the various contributions made in the college health field through its *Proceedings* of the annual meetings and brief announcements in the *Journal Lancet*. These media were necessarily limited in scope and content, and their distribution was restricted. This Association has long needed some kind of official organ of its own whereby more of the experiences and ideas of the various student health services could be disseminated and shared. The recent changes in our constitution and in the structure of organization, providing for individual membership and the formation of scientific sections, have further added to this need for an improved means of wider dissemination and communication. This has further been accentuated by the growing list of colleges developing or expanding their health services and turning to the ACHA for guidance and information. There is every indication that with the adoption of *Student Medicine* as the official journal of the ACHA, the Association will be in a substantially improved position to make an even greater contribution to the college health movement.

This is your journal now. Read it regularly and plan to contribute to it soon. It will provide good reading in the months to come.

LEWIS BARBATO

THIS ISSUE of *Student Medicine* constitutes a significant step forward. It is our first issue as the official journal of the American College Health Association. The decision that *Student Medicine* would fulfill this function was reached at the annual meeting of the Association held in Los Angeles, March 26–29, 1958. To us, it seems a wise decision which should be to the advantage of both parties.

The ACHA is going through a period of change and growth. The recent addition of a new membership category, individual membership, makes it even more desirable that there be an official publication for the more effective dissemination of organizational, scientific, and educational material to members. *Student Medicine* should accomplish this and prove to be an effective complement to the excellent *Newsletter* now published by the Association.

Student Medicine, in turn, will gain a larger audience, and from that audience a larger source of material, one that is more widely representative of student health practices throughout the United States. At least it is our hope that from a larger audience will come more contributors. If this hope is realized, we can fulfill our "desire to work for improvement in communications among workers in the field of student health, and thereby to improve the quality of student medicine generally," as we expressed it editorially in the first issue of *Student Medicine* in October 1952.

Coincident with this change in status comes an increase in frequency of issue, from two to four times each school year. Subscription rates also increase. We say this with regret but without apology. An increase in rates was inevitable because subsidization could not be obtained indefinitely. A part of this increase results from the increased frequency of issue, and none of it is directly a result of our new relationship with the ACHA. In addition, in order to help defray costs of publication, as well as to provide information for our readers about worth-while products and services, we will carry limited amounts of advertising in this and future issues. As a further service to our readers, we will carry classified advertising.

R.W.A.

Proceedings of the

THIRTY-SIXTH ANNUAL MEETING THE AMERICAN COLLEGE HEALTH ASSOCIATION

(*Bulletin Number 38*)

Los Angeles, California

March 26, 27, 28, and 29, 1958

HOSTS:

THE PACIFIC COAST SECTION
OF THE
AMERICAN COLLEGE HEALTH ASSOCIATION

CONTENTS OF THE PROCEEDINGS

Business Section 7
Officers and Council 7
Standing Committees 8
Annual Meeting Committees 8
Section Chairmen 8
Opening Session, Thirty-sixth Annual Meeting 9
First Council Meeting 9
Second Council Meeting 12
First Business Meeting 15
Second Business Meeting 16
Report of the Secretary 19
Report of the Treasurer 21

Section Reports 24
Administration 24
Environmental Health and Safety 25
Health Education 26
Medical Service 26
Mental Health 27
Nursing Service 28
Research (Clinical Observations and Research) 29
Tuberculosis Control 29

Affiliates' Report 31

Special Reports 33
Recommended Minimum Health and Safety Standards for Off-Campus Student Housing 33
Functions, Standards, and Qualifications for College Nurses in a Supervisory Capacity 44

President's Address 48

Scientific Program 54
March 26, 1958
Joint Meeting with the Fifth National Campus Safety Conference 54
Section on Mental Health, Second Annual Symposium ... 55

March 27, 1958
General Session 58
Symposium on Viral Respiratory Diseases 59

March 28, 1958
Section on Environmental Health and Safety 60
Section on Health Education 62
Section on Medical Service 63
Section on Mental Health 66
Symposium on Radiation Hazards 68

March 29, 1958
General Session 69

Index of Participants 71

Registrants at the Thirty-sixth Annual Meeting 74

Institutional Members, 1958 81

Individual Members, 1958 96

Business Section

OFFICERS—1957–1958

PRESIDENT: *Carl R. Wise, M.D., *Columbia University*
PRESIDENT-ELECT: *Lewis Barbato, M.D., *University of Denver*
VICE-PRESIDENT: *Paul O. Greeley, M.D., *University of Southern California*
SECRETARY-TREASURER: *John Summerskill, PH.D., *Cornell University*

COUNCIL

Active Members

E. Lee Shrader, M.D.
St. Louis University
Ruth E. Boynton, M.D.
University of Minnesota
Ralph I. Canuteson, M.D.
University of Kansas
Irvin W. Sander, M.D.
Wayne State University
Max L. Durfee, M.D.
Oberlin College
Dana L. Farnsworth, M.D.
Harvard University
Norman S. Moore, M.D.
Cornell University

Paul L. White, M.D.
University of Texas
Gayle Pond, R. N. (1958)
Western Michigan University
*Frank R. Smith, M.D. (1958)
Johns Hopkins University
George H. Houck, M.D. (1959)
Stanford University
Samuel I. Fuenning, M.D. (1959)
University of Nebraska
*Thomas V. Urmy, M.D. (1960)
Williams College
Otto Keller, M.D. (1960)
Northern Illinois University

(*Terms of elected members expire on the dates shown.*)

Honorary Members

John W. Brown, M.D.
Harold S. Diehl, M.D.
James F. Edwards, M.D.
Warren E. Forsythe, M.D.
Harry D. Lees, M.D.
John E. Sawhill, M.D.
Charles E. Shepard, M.D.
Dean F. Smiley, M.D.

*Executive Committee.

STANDING COMMITTEES

Editorial Committee

John Summerskill, PH.D., *Chairman*
Cornell University

Lewis Barbato, M.D.
University of Denver

Paul L. White, M.D.
University of Texas

Local Sections Committee

Samuel I. Fuenning, M.D., *Chairman*
University of Nebraska

Gayle Pond, R.N.
Western Michigan University

Irvin W. Sander, M.D.
Wayne State University

ANNUAL MEETING COMMITTEES

Program Committee

George H. Houck, M.D., *Chairman*
Stanford University

Gilbert S. Coltrin, M.D.
Associated Colleges of Claremont

Ruth E. Boynton, M.D.
University of Minnesota

Loyal W. Combs, M.D.
Purdue University

Local Arrangements Committee

Donald S. MacKinnon, M.D., *Chairman*
University of California, Los Angeles

Gilbert S. Coltrin, M.D.
Associated Colleges of Claremont

Ruby R. Burgar, R.N.
Occidental College

Paul O. Greeley, M.D.
University of Southern California

SECTION CHAIRMEN

ADMINISTRATION: Ralph I. Canuteson, M.D., *University of Kansas*

ENVIRONMENTAL HEALTH AND SAFETY: Richard G. Bond, M.S., *University of Minnesota*

HEALTH EDUCATION: A. O. DeWeese, M.D., *Kent State University*

MEDICAL SERVICE: Lester M. Dyke, M.D., *University of Maryland*

MENTAL HEALTH: Saxton Pope, M.D., *University of California, Berkeley*

NURSING SERVICE: E. Muriel Farr, R.N., *Bryn Mawr College*

RESEARCH: Douglass S. Thompson, M.D., *New York University*

TUBERCULOSIS CONTROL: Max L. Durfee, M.D., *Oberlin College*

OPENING SESSION, THIRTY-SIXTH ANNUAL MEETING

March 27, 1958

THE opening session of the Thirty-sixth Annual Meeting of the American College Health Association was called to order at 10:00 A.M. on Thursday, March 27, 1958, by President C. R. Wise, M.D.

Dr. Wilfred T. Robbins, President of the Pacific Coast Section of the ACHA, extended a welcome and cordial greetings to members of the Association. Announcements concerning local arrangements were made by Ruby Burgar, R.N.

The President's address followed.

FIRST COUNCIL MEETING

March 26, 1958

The first Council meeting of the Los Angeles meeting was called to order by President Wise at 8:00 P.M. on Wednesday, March 26.

Present were Drs. C. R. Wise, Lewis Barbato, Paul Greeley, John Summerskill, Ruth Boynton, Ralph Canuteson, Irvin Sander, Max Durfee, Dana Farnsworth, Norman Moore, Paul White, George Houck, Samuel Fuenning, Thomas Urmy, Otto Keller, and John Brown, and Gayle Pond, R.N.

The motion that the minutes of the 1957 meetings be accepted as published in the 1957 *Proceedings* was made by Dr. Houck, seconded by Dr. White, and carried.

Dr. Summerskill presented the Secretary's report. Applications for

institutional membership from thirty-eight colleges and universities had previously been approved by the Executive Committee. It was moved by Dr. Sander, seconded by Dr. Moore, and voted, that the ACHA accept applications from these thirty-eight institutions. (See Report of the Secretary for list of new members.) The motion was then made by Dr. Moore, seconded by Dr. White, and carried that seven colleges wishing to resign from the Association be so placed on the records without further comment or prejudice to their future standing in the Association. (See Report of the Secretary for list of resigned members.) The Secretary-Treasurer reported that the individual membership campaign had far exceeded expectations and that 275 persons had joined the Association in the first three months of this program. A motion made by Dr. Durfee and seconded by Dr. Greeley to accept the Secretary's report as a whole was carried.

The Treasurer's report was presented by Dr. Summerskill. (See Report of the Treasurer for details.) A motion made by Dr. Sander and seconded by Dr. Boynton to approve major expenditures of the past year was carried. The proposed budget for the fiscal year beginning May 1, 1958, was reviewed. This was approved on a motion made by Dr. Moore and seconded by Dr. Barbato. Council accepted the Treasurer's report as a whole "with congratulations" on a motion by Dr. Sander, seconded by Dr. Boynton.

The Secretary-Treasurer reported on the *Newsletter* established this year. Present plans call for four issues again next year, to be published periodically as the news dictates. President Wise commented that the *Newsletter* has been instrumental in increasing institutional memberships and establishing the individual membership program.

Dr. Summerskill then discussed problems involved in publishing the *Proceedings* of the annual meetings. He expressed the opinion that expenditure of half the Association's budget for publication of *Proceedings*, as in previous years, was no longer warranted. Furthermore, the large number of clinical and scientific papers expected at future meetings could not, and should not, be included in a single volume with a single person as editor.

Dr. Moore stated that he had been authorized by the Editor of the journal *Student Medicine*, published by Cornell University, to make a proposal to the Association. *Student Medicine* is willing to become the official journal of the ACHA and is willing to assume the financial and

editorial responsibilities which the Association faces in publishing a separate, costly *Proceedings*. *Student Medicine* would be interested in publishing material from the meetings which falls in four broad categories: (1) general medical problems, (2) trauma and orthopedic problems, (3) mental health problems, (4) nursing care problems. Dr. Moore stated that to assure continuity of editorial standards and style Cornell University would like to retain the copyright for *Student Medicine* for five years, and he further suggested that Dr. Ralph W. Alexander retain the position of Editor.

After considerable discussion and a generally favorable reaction from the Council, it was moved by Dr. Sander, seconded by Dr. Durfee, and voted that the Editorial Committee work on this problem with Dr. Moore and report back to the second Council meeting, March 28.

The Secretary-Treasurer reported the results of the recent membership poll concerning preferred times for future annual meetings. There was a wide range of preference from the 308 members who replied, but 42 per cent selected the present meeting time as their first choice and an additional 20 per cent made it their second choice. The next most preferred time was June, selected by 25 per cent of the membership as first preference. The poll thus indicated that the annual meeting time should not be changed in the immediate future.

Dr. Barbato made his report as Co-ordinator of Sections for the past year. After discussion of Dr. Barbato's suggestions the following motion by Dr. Durfee, seconded by Dr. Sander, obtained Council approval: That each special interest section annually elect a chairman and secretary and that the President of the Association designate the President-Elect as Co-ordinator of Sections. It was also agreed that two half-day sessions at the 1959 annual meeting be allotted for section programs. Dr. Barbato was to attend a luncheon meeting of section chairmen on March 28 to discuss and expedite these recommendations.

Dr. Summerskill informed the Council that the ACHA office had received twenty-five letters from team physicians across the country endorsing the formation of a special interest Section on Athletic Medicine. It was moved by Dr. Moore and seconded by Dr. White that a Section on Athletic Medicine be established in the ACHA. The motion was carried. Dr. Barbato will ask Dr. Alex Rachun, team physician at Cornell University, to serve as chairman pro tem to assist in program planning until the new section meets in Philadelphia next May.

Dr. Fuenning reported as Chairman of the Local Sections Committee. He brought to the Council's attention the confusion between special interest "sections" and local "sections" and recommended a name change for the latter. Dr. Fuenning also brought up the matter of ACHA refunds to local sections, and Council members asked whether the small amount of money involved justified the considerable administrative work by the national and local treasurers to obtain such refunds. Because Dr. Fuenning was to meet with representatives from local sections on March 27, it was moved by Dr. Houck, seconded by Dr. Sander, and voted to table these matters until the second Council meeting.

President Wise read a number of communications to the ACHA from other organizations and individuals. No action was taken.

The Nominating Committee appointed by President Wise was as follows: Dr. Sander, Chairman; Dr. Farnsworth, Dr. Moore, Dr. Greeley, Dr. Urmy, and Dr. Summerskill ex officio.

Sites and dates of future meetings were discussed and decided as follows:

1959 Annual Meeting: Philadelphia, May 6–9. Program Chairman, Dr. Paul Schrode, University of Pennsylvania. Local Arrangements Chairmen, Dr. Bruce Roxby, Temple University, and Miss Muriel Farr, Bryn Mawr College.

1960 Annual Meeting: Toronto, April 20–23. Program Chairman, Dr. G. E. Wodehouse, University of Toronto. Local Arrangements Chairman, Dr. Frances Stewart, University of Toronto.

1961 Annual Meeting: Detroit, at a date to be determined.

1962 Annual Meeting: Chicago, at a date to be determined.

The meeting adjourned at 11:00 P.M. on a motion by Dr. Moore, seconded by Dr. Boynton.

SECOND COUNCIL MEETING

March 28, 1958

The second Council meeting was called to order by President Wise at 8:00 P.M. on Friday, March 28. Those present at the first Council meeting, with the exception of Dr. Brown, were present at this meeting.

Dr. Wise opened the meeting with the proposal that future annual meetings officially begin Wednesday noon rather than Thursday morning. This would permit some free time in the meeting schedule, which has

become too rigorous. The Council approved a motion by Dr. Sander, seconded by Dr. Keller, that the opening general session of the 1959 meeting begin on Wednesday, May 6, at 2:00 P.M.

Dr. Fuenning reported on the meeting earlier in the day with representatives from local sections. The representatives had suggested that local sections henceforth be known as college health associations affiliated with the ACHA. For example, The New England Section would become The New England College Health Association, an Affiliate of the ACHA. After discussion, Dr. Canuteson moved acceptance of this name change. The motion was seconded by Dr. White and carried. Dr. Fuenning also reported that the representatives from the affiliated associations agreed that refunds from the ACHA could be discontinued, thereby dispensing with a confused administrative problem.

Dr. Barbato reported on the meeting held the previous day with chairmen of the special interest sections. The Section on Research requested that their name be changed to Section on Clinical Observations and Research. The Council carried a motion to this effect made by Dr. Sander and seconded by Dr. Moore. The Section on Research also indicated that in the future they might revert to committee rather than section status if their members so desired.

Dr. Summerskill, as Chairman of the Editorial Committee, which included Drs. Barbato and White, reported back to the Council on deliberations with Dr. Moore concerning publication of the *Proceedings* and the possibility of *Student Medicine's* becoming the official journal of the Association. The Committee recommended the following:

1. That the ACHA accept the proposal of Drs. Moore and Alexander that *Student Medicine* become the official journal of the ACHA.

2. That the $3,000 now budgeted for publication of a separate *Proceedings* be budgeted for *Student Medicine* instead.

3. That the ACHA follow Dr. Farnsworth's suggestion that the *Proceedings* be published as the September issue of *Student Medicine*, which is to become a quarterly.

4. That the *Proceedings* continue to include a record of the business of the Association and, following Dr. Keller's suggestion, that it also include brief abstracts of clinical and scientific papers presented at the annual meeting.

5. That *Student Medicine* make available 1,000 copies of the *Proceedings* issue, these copies to go to the libraries and official representatives of all

institutional members of the Association and to all individual members without further charge.

6. That on subsequent issues *Student Medicine* make available 700 copies to go to institutional and individual members without further charge.

7. That Cornell University retain the copyright for *Student Medicine* for a period of five years and that Dr. Ralph W. Alexander remain as Editor to assure continuity of editorial standards and style.

8. That the Editorial Committee for *Student Medicine* be expanded to include representatives from various segments of the ACHA so that these representatives may assist in the review and selection of papers for publication—with the Editor as final authority.

9. That the Editorial Committee also have responsibility for the approval of advertisements for the journal, with the Editor as final authority.

After full discussion the Council accepted the above recommendations on a motion by Dr. Canuteson, seconded by Dr. Greeley. The Council also approved a motion by Dr. Sander and seconded by Dr. Durfee that Dr. Alexander, as Editor of the Association's official journal, be invited and privileged to attend future Council meetings. There was some discussion of the possibility of combining the *Newsletter* and *Student Medicine*, but this was rejected because the Council felt the two publications legitimately had different objectives and different reporting styles.

President Wise gave the Council data from the local Arrangements Committee. On this date, the second day of the meetings, 218 persons had registered and there were representatives present from ten non-academic organizations.

Dr. Canuteson brought to the attention of the Council the fact that individual membership is open to any "individual interested in student health," without qualification. No action was taken, but it was suggested that this matter be looked into further when constitutional revisions are next under consideration.

Dr. Houck reported that he had received a letter from the National Students' Association discussing a mandate that a student committee study and promote college health services. It was moved by Dr. Moore seconded by Dr. Barbato, and the motion was carried that Dr. Houck be given authority to correspond with the National Students' Association on behalf of the ACHA concerning this mandate.

President Wise appointed Drs. Sander and Urmy a Resolutions Com-

mittee to express the appreciation of the membership and the Council for a most successful annual meeting. Council asked that sincere thanks be extended the Program Committee, the Local Arrangements Committee, and the Ambassador Hotel.

Dr. Houck reported on this first year's experience with a separate Program Committee for the annual meeting. As chairman he favored a less crowded schedule, emphasis on more small group discussions, and scheduling of the second business meeting as the final event of the general meetings. Dr. Farnsworth recommended that special effort be made to strengthen the Saturday morning program so that attendance remained high to the end of the annual meeting.

On behalf of Harvard University, Dr. Farnsworth extended an invitation to the Association to hold the annual meeting in Boston in 1963.

A letter from the National Jewish Hospital at Denver was brought to the Council's attention by Dr. Barbato. This hospital "serves patients with any form of tuberculosis or diseases of the chest who are unable to pay for service in private institutions." Patients are eligible for admission regardless of race, religion, or place of residence. The letter from Mr. Daniel H. Schwartz, Assistant to the Executive Director of the Hospital, stated that: "A number of . . . universities have called on us from time to time, particularly in instances where residence requirements or insurance procedures created problems in providing hospitalization for tuberculosis and other chest diseases. We have been able, for example, to care for a considerable number of foreign students." Mr. Schwartz invited inquiries from student health services throughout the country.

President Wise expressed the Council's appreciation for the work of the Secretary-Treasurer during the past year. The Council thanked Dr. Wise for his sustained interest and his contribution to the development of the Association during his presidency.

The meeting was adjourned at 10:00 P.M. on a motion by Dr. Durfee, seconded by Dr. Sander.

FIRST BUSINESS MEETING

March 27, 1958

The first business meeting was called to order on Thursday, March 27, at 1:30 P.M. by President Wise.

The reports of the Secretary-Treasurer were given by John Sum-

merskill, Ph.D. (see Report of the Secretary and Report of the Treasurer, following these minutes).

President Wise summarized the most important business discussed at the first Council meeting: (1) policy concerning publication of a separate *Proceedings* and the possibility of *Student Medicine's* becoming the Association's official journal. (2) the need to rename local sections to end confusion with special interest sections. (3) the establishment of the new Section on Athletic Medicine. (4) the continued publication of the Association's *Newsletter* at periodic intervals as the news dictates.

Dr. Wise spoke briefly about some misunderstanding which has occurred regarding individual membership in special interest sections. He emphasized that membership in a particular section restricted the member to that section for voting and office-holding privileges only. Members should feel free to attend whatever section meetings interested them most, and they would be informed of the activities of all sections via the *Proceedings* and *Newsletter*.

The President announced appointment of the Nominating Committee as follows: Irvin Sander, M.D., Wayne State University (Chairman); Dana Farnsworth, M.D., Harvard University; Norman S. Moore, M.D., Cornell University; Paul Greeley, M.D., University of Southern California; Thomas Urmy, M.D., Williams College; John Summerskill, Ph.D., Cornell University (ex officio). Members were urged to make suggestions for nominations to this committee.

The first business meeting was adjourned at 2:00 P.M.

SECOND BUSINESS MEETING

March 29, 1958

The second business meeting was opened by President-Elect Lewis Barbato at 11:00 A.M. on Saturday, March 29, 1958. Dr. Barbato commented on the excellent program and the enjoyable hotel accommodations arranged by the host Pacific Coast College Health Association.

President Wise summarized decisions made at the two recent Council meetings. He reported sites and dates for future annual meetings (see First Council Meeting), the renaming of local sections (see Second Council Meeting), the renaming of the Section on Research (see Second Council Meeting), and the establishment of *Student Medicine* as the official journal of the ACHA (see Second Council Meeting).

Dr. Wilfred T. Robbins, President of the Pacific Coast College Health Association, spoke to the meeting as follows:

"In the annual business meeting of the Pacific Coast College Health Association held at noon, March 28, 1958, it was moved, seconded, and carried that the following 'In Memoriam' for William Goodricke Donald, M.D., be presented to the annual business session of the American College Health Association for adoption and inclusion in its Thirty-sixth Annual *Proceedings* and that a copy of said proceedings be sent by the Secretary of the Association to Dr. Donald's widow accompanied by an appropriate letter of transmittal:

IN MEMORIAM

William Goodricke Donald, M.D.
University of California
Berkeley, California
(Died December 30, 1957)

We note with sorrow the passing of one of our beloved members, William Goodricke Donald, M.D., of a heart attack at his home in Berkeley, California, on December 30, 1957, at sixty-eight years of age.

Doctor Donald, a native of San Francisco, was graduated from the University of California in 1911 and from the University of California Medical School in 1923.

In 1923 Doctor Donald was named Acting Physician for the University at Berkeley and in 1938 he was appointed University Physician. Doctor Donald served as Physician for all the campuses of the University of California from 1951 to the time of his death.

He served as President of the Pacific Coast Section of the American College Health Association in 1948 and 1949, having been active in his section from the time of its founding in 1934. Doctor Donald was also an active participant in the affairs of the American College Health Association throughout the years.

Although our organization has lost the close association of a capable physician, able administrator, and lovable personality, we shall always cherish his memory.

"I move that the above 'In Memoriam' be adopted for inclusion in the *Proceedings* for this meeting and that a copy of said proceedings be mailed, with an appropriate letter of transmittal, to Dr. Donald's widow, Mrs. Donna Donald, 927 San Benito Road, Berkeley, California."

This motion was seconded by Dr. MacKinnon and carried.

The following resolution was then put forth by Dr. Urmy on behalf of the Resolutions Committee composed of Drs. Urmy and Sander:

WHEREAS,

We, who have been privileged to attend the Thirty-sixth Annual Meeting of the American College Health Association, have found it a memorable success both professionally and socially, be it

RESOLVED,

That there be inscribed in the minutes of this meeting an expression of the sincere thanks of the Association to the Pacific Coast College Health Association and especially to the members of the Program and Local Arrangements Committees, whose efforts have been outstanding.

May we also commend the management and staff of the Ambassador Hotel for their courtesy and impressive efficiency.

Dr. Urmy said, "Mr. President, I move that this resolution be adopted and that copies be sent by the Secretary to the appropriate persons."

This motion was seconded by Dr. Sander and passed unanimously.

President Wise called for the report of the Nominating Committee. Dr. Sander, Chairman, presented the following slate of officers:

President—Lewis Barbato, M.D., University of Denver

President-Elect—Paul Greeley, M.D., University of Southern California

Vice-President—Samuel Fuenning, M.D., University of Nebraska

Secretary-Treasurer—John Summerskill, Ph.D., Cornell University

Council members for three-year terms—

Charles J. Hutchinson, M.D., Brown University

G. E. Wodehouse, M.D., University of Toronto

Council member for a one-year term—

Richard G. Bond, M.S., University of Minnesota

Further nominations from the floor were asked for. None were made. Dr. Sander moved that the Secretary cast a ballot for the slate as presented by the Nominating Committee. The motion was seconded by Dr. Roxby and carried.

Dr. Wise then presented the president's gavel to Dr. Barbato. Dr. Barbato thanked Dr. Wise on behalf of the Association for the progress which had been made during the past year. Dr. Barbato reminded the membership that the $5,000 grant obtained by Dr. Wise from an anonymous donor had been largely responsible for the first steps in establishing a permanent office and staff for the Association's benefit. Dr. Wise was given a standing ovation by the membership.

The meeting was adjourned at 11:55 A.M.

REPORT OF THE SECRETARY

THE Secretary reported that the institutional membership is now 286 colleges including the following 38 colleges, which have received Council approval for membership beginning January 1, 1958:

Over 5,000 Enrollment

Fresno State College
University of Houston
Oklahoma University
San Francisco State College

2,000–5,000 Enrollment

University of Nevada
New Mexico College of Arts and Mechanical Arts

Junior Colleges[1]

Graceland College
Jackson Junior College
Modesto Junior College
Mt. San Antonio Junior College
New York State University Fashion Institute of Technology
Nicols Junior College
North Dakota State School of Science
St. Petersburg Junior College

Under 2,000 Enrollment

Agnes Scott College
Alma College
College of the Holy Cross
Concordia College
Concordia Teachers College
Dominican College of San Rafael
Gustavus Adolphus College
Hiram College
New Jersey State Teachers College, Trenton
New York State University Potsdam Teachers College
North Dakota Teachers College
Oregon College of Education
Philadelphia College of Pharmacy & Science
Quincy College
Rochester Institute of Technology
Seattle-Pacific College
St. Francis College
St. Joseph's College
Stevens Institute of Technology
Upsala College
West Virginia Wesleyan College
Westminster College
Whittier College
Willamette University

The following seven colleges have formally notified the Secretary that they are unable to continue their membership in the Association as of January 1, 1958:

[1] Associate Members.

Georgetown University
Hanover College
Kansas State Teachers College
McGill University
Nebraska State Teachers College
New York State University College of Medicine
Oklahoma City University

The Secretary gave the following breakdown on the Association's institutional membership: enrollment over 5,000—89; enrollment between 2,000 and 5,000—75; enrollment under 2,000—109; junior colleges—12. It was pointed out that, on a nationwide basis, this represents 74 per cent of the largest colleges, 55 per cent of the medium colleges, 12 per cent of the small colleges, and 2 per cent of the junior colleges.

The Association's individual membership program was inaugurated January 1, 1958; and the response has been excellent. Individual memberships now total 342.[2] Breakdown by special interest sections is as follows:

Section	*Totals*
Administration	63
Environmental Health and Safety	32
Health Education	32
Medical Service	104
Mental Health	43
Nursing Service	44
Clinical Observations and Research	15
Tuberculosis Control	9

The Secretary pointed out that the increase in number of institutional memberships, the establishment of individual memberships, the publication of the *Newsletter*, etc., have all contributed to a marked increase in the amount of mailing, billing, record keeping, and correspondence in the Secretary-Treasurer's office. This work load has been lightened in part by an excellent part-time secretary, Mrs. Katrina Morse, by modern office equipment, and by increased funds for office assistance, particularly the $5,000 grant obtained by Dr. Wise. Further steps need to be taken to meet the requests of the membership for information and services. Section chairmen will be asked to answer correspondence

[2] As of April 30, 1958.

pertinent to their special interest areas. A more efficient way of publishing and expanding *Proceedings* should be found. An addressograph mailing system is to be established. In the not-too-distant future the ACHA will need a full-time executive-secretary to take care of its substantial business.

The Association's Placement Service has been continued through the office of the Secretary. Two lists are compiled periodically, one listing openings in student health work and the other listing candidates for positions. These lists are revised periodically and are made available to institutions or individuals on request.

The Secretary has begun to compile up-to-date portfolios of architectural sketches and floor plans for new college clinics and infirmaries. Colleges which have recently built or remodeled are invited to contribute materials for these portfolios, which will shortly be available to member colleges on a loan basis to assist in building planning.

The *Newsletter* of the Association, inaugurated this past year, will continue to be published from the Secretary's office. The initial two issues were sent to 4,000 individuals working full time or part time in student medicine. The last two issues were sent to the membership only. Future *Newsletters* will be published periodically as the news dictates, approximately four times during the academic year. Members are invited to send news of their health service to the Secretary at any time.

JOHN SUMMERSKILL, PH.D.
Secretary

REPORT OF THE TREASURER AS OF APRIL 30, 1958

Cash balance on hand, May 1, 1957			$4,178.22
	Receipts		
Dues:			
1958 Institutional dues	$9,435.00		
1957 Institutional dues	30.00		
1958 Individual dues	1,625.00	$11,090.00	
Sales: *Proceedings*, Reports		292.00	
1958 Annual Meeting receipts		1,844.80	
Miscellaneous		94.98	
Anonymous grant		5,000.00	$18,321.78
Total			$22,500.00

Expenses

Secretary's Office:		
Salary: Administrative assistant.	$1,237.68	
Clerical assistance	196.60	
Stationery, supplies, and postage	254.01	
Telephone and electricity	197.16	
Auditor's fee	45.00	
Miscellaneous	33.75	$ 1,964.20
Permanent office equipment:		
Dictaphone and transcriber	739.20	
Typewriter	222.67	
Clock	9.85	
Card files	20.80	
Thermofax copier	295.76	
Azograph duplicator	246.51	
Addressograph and lister	438.11	$ 1,972.90
Publications:		
1957 *Proceedings*	2,009.83	
Newsletters	849.31	
1957 *Student Medicine* Subscriptions	75.00	
1958 *Student Medicine* Subscriptions	72.00	$ 3,006.14
Refunds:		
Section refunds	248.00	
Other refunds	34.00	$ 282.00
1957 Meeting expenses:		
Hotel: dinners and rooms	225.87	
Local arrangements: program, etc.	290.58	
Travel	25.00	
Other	42.00	$ 583.45
1958 Meeting expenses:		
Hotel: dinners, rooms, services	2,126.01	
Local arrangements: program, etc.	440.04	
Printing	288.77	
Expenses: President Wise	90.62	
Travel and expenses: Secretary Summerskill	420.68	$ 3,366.12

Travel expenses:			
President Wise	29.00		
Secretary-Treasurer Sander	57.75	$ 86.75	
Total expenses			$11,261.56
Cash balance on hand, April 30, 1958			$11,238.44

Section Reports

ADMINISTRATION

THE Section meeting was called to order on March 28, at 9:00 A.M., by the chairman. Approximately twenty-five members were present.

The Section discussed the position of student health services on campus and ways and means to make college administrative officers aware of the important part which student health services play on the various campuses.

It was suggested that this Section should start immediately to set up standards for health services of all sizes. This material could be kept in the office of the Secretary of the ACHA or put out in booklet form as a guide for setting up new student health services.

Administrative aspects of the following problems were discussed: (1) staffing, (2) housing, (3) services, (4) financing and insurance, (5) co-ordination of school and student health activities, and (6) lines of authority. The problem of the progressively increasing enrollment was discussed and particularly the responsibility of the college or university to the student in regard to the role of the school *in loco parentis*. It was felt that many dropouts could be prevented if some sort of prophylaxis were used.

It was brought out that the health fee on many campuses is no longer identified, as such, on the fee cards. The Section felt very strongly that the position of the health services would be much better if this fee could be specifically identified.

Section officers for 1958–1959 were elected as follows: Chairman, Ruth Boynton, M.D., University of Minnesota; Secretary, L. W. Holden, M.D., University of Colorado.

RALPH I. CANUTESON, M.D.
Chairman

ENVIRONMENTAL HEALTH AND SAFETY

THE meeting of the Section on Environmental Health and Safety was called to order at 9:00 A.M. on March 28, 1958, by the chairman. Twenty-six members of the Section were present.

Mr. Bond reviewed briefly the chronological references to environmental health and safety which have been included in the *Proceedings* of the ACHA since its beginning in 1920. It was noted that from the first organizational meeting there have been repeated references to environmental sanitation and accident prevention as essential services in the student health programs. Specific reference was made to papers on these subjects presented at the early meetings of the Association. The history of the former Committee on Environmental Health and Safety was traced from its original appointment in 1925 as one of the five standing committees of the Association, being designated at that time as the Committee on Administrative Hygiene, then subsequently as the Committee on Environmental Hygiene, and in recent years the Committee on Environmental Health and Safety.

Three papers were then presented (see Scientific Program). An excellent discussion followed the presentation of each of the papers.

Discussion of the immediate plans of the Section indicated the desirability of having at least two committees appointed: a membership committee and a program committee to plan the Section program for next year. Interest was also expressed in having a committee to work co-operatively with an appropriate committee of the Campus Safety Association for further review and development of standards for student housing.

The Nominating Committee of Fred Willis, Purdue University, Chairman; William Joy, University of Michigan, and John Morris, University of Illinois, nominated as Chairman of the Section Fred Ingram of the University of California and as Secretary Edward Simpson of the University of Nebraska. These gentlemen were unanimously elected by the members present.

Mr. Ingram adjourned the first meeting of the Section on Environmental Health and Safety at 12:00 noon.

RICHARD G. BOND, M.P.H.
Chairman

HEALTH EDUCATION

THE Health Education Section was called to order by the chairman at 9:00 A.M., March 28. Twenty-two members attended. The co-ordinator of the scientific program, Edward B. Johns, Ed.D., of the University of California at Los Angeles, was introduced.

Dr. Johns explained that a group of speeches and discussions had been arranged to portray the program of health education in the colleges and universities of California. He then presented the following speakers and co-ordinated the discussions of the following interesting and helpful program (see Scientific Program):

Health Education in California Junior Colleges

Patricia Hill, Health Education Consultant, California State Department of Education.

The Health Instruction Program in Colleges and Universities

Marston Girard, Associate Professor of Health and Hygiene, San Jose State College.

Health Education through Health Services

Ina Lundh, Health Co-ordinator, Long Beach City College.

Health Education through Television

Vivian Osborn, Los Angeles City College.

By unanimous decision the Section voted that an effort be made to have the papers published in the annual *Proceedings* of the ACHA in order that all colleges and universities might have the benefit of the California program. Appreciation for the many years of service of the retiring Chairman of the Health Education Committee was expressed.

Edward J. Dvorak, University of Minnesota, was elected Chairman of the Section for the new year. Marion A. Boyd, M.D., Woman's Medical College of Pennsylvania, was elected Secretary.

A. O. DeWeese, M.D.
Chairman

MEDICAL SERVICE

THIS Section held a preliminary breakfast meeting at 7:30 A.M. on March 28 with twenty-three in attendance. The chairman called the formal Section meeting to order at 8:30 A.M. on the same date.

A full three-hour program was presented for the members of the

Section and there was stimulating discussion throughout. The first presentation was a panel of "Organization, Development, and Construction of a College Health Service." With Dr. C. R. Lyons as moderator, this topic was discussed in three phases: (1) administrative organization, (2) professional organization and procurement of staff, and (3) construction. The panel discussion was followed by three papers: "Relationship between Environmental Health and Safety and the Clinical Phases of the College Health Service," by Dr. Reiter and Mr. Bond; "Responsibility of Administration for the Health of Students and Faculty," by Dr. Beckett; and "Financing a College Health Service," by Dr. Farnsworth (see Scientific Program).

The Section also organized an exhibit of plans and blue prints of health service facilities recently completed or to be built. These were examined with considerable interest throughout the meeting of the Association.

The Nominating Committee presented the following slate of officers, who were duly elected: Chairman, Lester M. Dyke, M.D., University of Maryland; Secretary, Robert H. Vadheim, M.D., University of Florida. The chairman then appointed Harry Zion, M.D., Washington State College, to serve as Section Program Chairman for the 1959 meetings.

LESTER M. DYKE, M.D.
Chairman

MENTAL HEALTH

THE Section on Mental Health met at 9:00 A.M., March 28. Attendance was forty-five.

The chairman introduced Dr. Benson Snyder, psychiatrist at Wellesley College, who moderated a panel discussion on "The Role and Scope of Academic Advisers in a Mental Health Program." Panel members were: John Weir, Ph.D., California Institute of Technology; Joseph Wheelwright, M.D., University of California, Berkeley; Robert Arnstein, M.D., Yale University; Harrington V. Ingham, M.D., University of California, Los Angeles (see Scientific Program). Each panel member briefly presented a point of view in this area and outlined objectives and procedures related to mental health aspects of faculty advising. Dr. Dana Farnsworth then commented briefly, and an hour's open discussion followed.

The Section's Nominating Committee composed of Drs. Farnsworth (Chairman), Barbato, and Summerskill presented a slate of officers for 1958-59. Results of the election were as follows: Chairman, John Stevens, M.D., University of Pennsylvania; Secretary, Vernon Keye, M.S.W., Wayne State University.

SAXTON POPE, M.D.
Chairman

NURSING SERVICE

THE Section of Nursing Service decided to have no formal papers presented this year but instead to have an open discussion on various topics that needed clarification.

The new rules and regulations concerning individual membership and institutional membership, and how each of these applied to the ACHA as a whole, and to the separate sections, was the first topic to be discussed. Many misunderstandings were cleared up.

Copies of the proposed "Standards, Functions & Qualifications for College Nurses" were distributed. The history of their compilation was briefly given. The chairman read each clause, which was voted to be accepted as it stood, or rejected. Rejected items were discussed until their wording was acceptable to all, or they were deleted completely from the text. It was voted that the accepted "S.F.&Q." be presented to the ACHA with the request that it appear in the *Proceedings* (see Special Reports). It will also be sent to the American Nurses Association and to the National League for Nursing.

Gayle Pond of Western Michigan asked that each nurse present fill out a short questionnaire on employment standards. She will report significant findings.

Plans for next year include a recruitment campaign for individual nurses, the distribution of the "S.F.&Q." to as many college administrators and physicians as possible, and ideas for next year's Section meeting. Since the ever-present dilemma of "nursing diagnosis" vs. medical diagnosis again received a great deal of attention during the consideration of the "S.F.&Q.", it is a likely topic for discussion at the 1959 section meeting.

The following were elected officers for 1958–1959: Chairman, Muriel

Farr, R.N., Bryn Mawr College; Vice-Chairman, Ruby Burgar, R.N., Occidental College; Secretary, Hildegard Schumacher, Duluth Branch, University of Minnesota.

MURIEL FARR, R.N.
Chairman

RESEARCH

THE Section on Research met at 9:00 A.M., March 28. The following members were present: Drs. Greeley, Patterson, Thompson, Trainer and Miss Evans.

The Section voted to request the Council to change their name to "Section on Clinical Observations and Research." The members felt that this title would broaden its scope of interest for members and thereby stimulate the activities which the Section wished to encourage.

It was announced that the 1958–1959 Continental Casualty Company Research Grants of $500 each are to be awarded as follows:

(1) "Personality Factors Associated with Emotional Breakdown in a Socially Stressful Situation"
Warren C. Bonney, Ph.D., Texas A & M

(2) "Accident Hazards of the College Age Group"
S. E. Leard, M.D., Boston University

Research financed by the 1957–1958 awards to Drexel Institute of Technology for an investigation of hypertension among college students and to New York University for a study of the food attitudes of obese students is in progress and should be reported on at the 1959 meeting.

The following officers were elected for 1958–1959: Chairman, Douglass S. Thompson, M.D., New York University; Secretary, Marcel Patterson, M.D., University of Texas, Medical Branch.

DOUGLASS S. THOMPSON, M.D.
Chairman

TUBERCULOSIS CONTROL

DR. DURFEE, chairman, called the Section meeting to order at 9:00 A.M. on March 28. Fifteen members were present.

Discussion centered on what should be recommended today as a good tuberculosis control program on a college campus. It was agreed that

present recommendations should not differ greatly from those which the former Tuberculosis Committee had been making for many years. The use of the Mantoux tuberculin skin test, followed by chest x-ray of reactors to the test, was considered essential. It was suggested that for every person there should be on file a chest x-ray film as a base line for comparison in future years. Students, faculty, and employed personnel should all be included in the program. Avoidance of unnecessary radiation exposure was discussed, as was the importance of having x-ray equipment checked periodically.

Practices in different colleges were reported and discussed. At Oberlin, the tuberculosis case finding program is supported and encouraged by a health committee composed of various people concerned with student health.

At Ohio State, 10 per cent of the students are reactors to the tuberculin test; at Minnesota, about 6 per cent are reactors. At Minnesota, all entering students have a Mantoux skin test, followed by an x-ray in the case of reactors. Medical and nursing students have a Mantoux test every six months.

It was suggested that a big problem is implementing what we know to be a good tuberculosis control program. Such questions as these were raised: "How can we get students to return for a reading of the tuberculin test?" "How can we get reactors x-rayed?"

It was decided that another survey of tuberculosis control programs in colleges would be conducted in the fall of 1958. An informal meeting of Section members will be held during the National Tuberculosis Association Annual Meeting in Philadelphia in May 1958. At this time, final plans for the survey will be made and recommendations for college tuberculosis control programs will be further discussed.

The following officers were elected for the coming year: Chairman, Max L. Durfee, M.D., Oberlin College; Secretary, Charlotte Leach, National Tuberculosis Association.

CHARLOTTE LEACH
Secretary

Affiliates' Report

REPRESENTATIVES from regional affiliates of the ACHA met with the Co-ordinator of Affiliates at 8:00 A.M. on March 28. Two policy changes concerning affiliates were agreed to: (1) local sections will henceforth be known as college health associations affiliated with the ACHA, and (2) refunds to affiliates from the national Association will be discontinued.

Listed below for each affiliate are officers—or representatives, if officers were not present at this meeting:

Illinois College Health Association
President: Raidie Poole Merdinger, *Roosevelt University*
Secretary: Leona Yeager, M.D., *Northwestern University*
Representative: Henrietta Herbolsheimer, M.D., *University of Chicago*

Indiana College Health Association
President: Lonzo Jones, M.D., *Indiana State Teachers College*
Vice-President: Bernard I. Loft, *Indiana University*
Secretary-Treasurer: Richard Scharf, *St. Joseph's College*

Michigan College Health Association
President: Vernon E. Keye, M.S.W., *Wayne State University*

New England College Health Association
President: Charles J. Hutchinson, M.D., *Brown University*
Treasurer: John Butler, *Harvard University*

North Central College Health Association
President: John Grant, M.D., *Iowa State College*
Representative: J. W. Hanson, M.D., *Carleton College*

Ohio College Health Association
President: Ruth Dutton, R.N., *Miami University*
Secretary-Treasurer: Rena E. Coppess, R.N., *Wittenberg College*
Representative: William T. Palchanis, M.D., *Ohio State University*

Pacific Coast College Health Association
President: William T. Robbins, M.D., *University of California, Santa Barbara*
President-Elect: Joseph Trainer, M.D., *University of Oregon School of Medicine*

Pennsylvania–New Jersey College Health Association
President: Bruce Roxby, M.D., *Temple University*
Secretary-Treasurer: Paul Schrode, M.D., *University of Pennsylvania*

Rocky Mountain College Health Association
President: John Whitmer, M.D., *University of Wyoming*

South Central College Health Association
President: Samuel I. Fuenning, M.D., *University of Nebraska*
Vice-President: J. Ralph Wells, Ph.D., *Kansas State College*
Secretary-Treasurer: Iva M. Ray, R.N., *Southwest Missouri State College*

Southern College Health Association
President: Morgan W. Browne, M.D., *Alabama Polytechnic Institute*
Representative: Ruth M. Collings, M.D., *Woman's College, University of North Carolina*

Southwestern College Health Association
President: C. R. Lyons, M.D., *Texas A & M College*
Vice-President: Paul Abel, M.D., *Louisiana Southern University*
Secretary-Treasurer: Gene Taylor, *Texas A & M College*

SAMUEL FUENNING, M.D.
Co-ordinator of Affiliates

Special Reports

RECOMMENDED MINIMUM HEALTH AND SAFETY STANDARDS FOR OFF-CAMPUS STUDENT HOUSING*

RICHARD G. BOND, M.S., M.P.H., *University of Minnesota*,
AND LEE D. STAUFFER, M.P.H., *University of Minnesota*

AT the first annual meeting of the ACHA on December 31, 1920, a paper entitled "Essentials of Student Health Service" listed as one of the three basic services "Supervision of Sanitation in Student Living Quarters." Since this early beginning the ACHA has shown a continuing interest in the problem of maintaining standards of health and safety in student dwellings. At the sixth annual meeting in December 1925 one of the five standing committees appointed at that time was a Committee on Administrative Hygiene, whose duties were defined, in part, to include concern with the hygiene of (a) college buildings, grounds, dormitories, and cafeterias and (b) private boarding houses and lodging houses patronized by college students. Also at the 1925 annual meeting Dr. Storey reported on the rooming house inspection program which had been started two years previously at Iowa State College. The work was being done by senior sanitary engineering students. The program provided for rating of the dwellings and for disapproval of certain units. At that time Dr. Story wrote, "We have quite a number of houses that are very poor because they are old. They were erected for student use and are occupied by people trying to make their living that way. It is quite a problem to grade them and regulate them."

As early as 1926 reference was made in the proceedings of the Association to housing standards for off-campus housing. This was the first committee report and was prepared by Dr. Legge of the University of California.

* Presented for discussion and consideration by the Section on Environmental Health and Safety, March 28, 1958.

In similar fashion, subsequent proceedings of the annual meetings have repeated references to the need for standards for off-campus housing and for the establishment of inspection programs.

At the second national conference on college hygiene, held in 1937, a report of a Committee on Student Life reported as follows: "Colleges and universities must accept the responsibility for seeing that all places in which students are housed, whether dormitories, fraternities, sororities or lodging houses, are safe, sanitary, and properly managed from the standpoint of health."

In 1953 an ACHA survey entitled "Health Services in American Colleges and Universities, 1953," by Moore and Summerskill, reported that of 957 colleges and universities maintaining some sort of health program for students 48 per cent were assuming sanitation responsibility in dormitories and other campus lodging.

With this long history of expressed interest in student housing, it is appropriate that the last standing Committee on Environmental Health and Safety, as one of its last acts, considered the preparation of minimum health and safety standards for student housing. For the past three years committee members and others interested in this problem have recommended that the Committee make available to directors of student health services a set of recommended standards.

The present recommended standards are a composite of the experience of several university housing inspection programs and a careful review of several recommended housing codes, particularly the proposed housing ordinance of the American Public Health Association. More specifically, these standards are a reflection of those presently in effect at the Universities of Minnesota, Michigan, Nebraska, and Indiana.

At the University of Minnesota standards such as these recommended standards for off-campus student housing are applied to an off-campus housing census of approximately 1,500 private residences and more than 70 fraternity and sorority chapter houses and co-operatives. On this basis the standards have had a thorough trial and are considered to be reasonable, practical, and essential to the protection of the health and safety of college and university students.

A word about the nature and scope of the standards. The standards represent minimum requirements and are suggestive only, since wherever possible state and local regulations which establish standards for the same specific housing requirements should be used. It should be empha-

sized, however, that, in almost every community, building and housing codes will not provide for the particular needs of student housing. Basically, city and state ordinances have been adopted to control substandard or slum housing. By contrast, a student dwelling unit should provide, as a minimum, not only a healthful and safe environment, but an opportunity for effective study and relaxation. Because of these needs, we believe that it is necessary for the college or university to have its own health and safety standards for student housing.

Although many of the same requirements would apply to dormitories, the standards have been prepared to apply to the problem of off-campus housing. This has been done in recognition of the current emergency situation and the rapidly increasing demands that exist—and will exist for years to come—for off-campus housing. A recent survey conducted by Joy and Holland of the University of Michigan found that the 44 colleges and universities which completed questionnaires on off-campus housing reported a total of 153,400 students, or 50.5 per cent of the total enrollment, living in off-campus housing. For every college and university the next decade represents a period of doubling enrollments. It will not be financially or physically possible to construct dormitory housing for all of these new students. They must live off-campus, and it is the responsibility of the college or university to see to it that their housing meets minimum health and safety standards.

The recommended standards are divided into categories as follows: (1) general structure and maintenance of the dwelling, (2) general accident and fire protection of the dwelling, (3) individual student sleeping units, (4) individual student housekeeping units, (5) bathroom and toilet facilities, and (6) utility area and heating facilities.

For each of these areas construction and maintenance features that directly affect the student are included. It should be emphasized that these are housing standards and do not in any way represent an attempt to cover items normally included in building codes. That is, these are items relating to the occupancy of the structure rather than to its original construction, zoning, etc.

No attempt has been made to provide explanations of the requirements. Undoubtedly a code indicating satisfactory compliance and the health-and-safety reason for the requirement is indicated, and we would hope subsequently that it could be prepared as an appendix to the standards.

Admittedly, some items have not been included. Much of the omission

has been deliberate, in the interest of simplicity and brevity. The authors have not suggested administrative implementation of the standards. Every college or university has its own administrative characteristics and peculiarities. We believe that a logical place for an operating program based on these housing standards is in the college or university health service. However, if technical staffing has been provided elsewhere in the university, then adoption of the standards should be related to such a precedence.

In no sense are the standards in their final form. We would hope that as colleges and universities have experience with them, the Section on Environmental Health and Safety of the Association might serve as a clearing house and thus provide for frequent additions to and revisions of the standards.

Historically, healthful housing has been a subject of interest and concern to the ACHA for nearly forty years. It is hoped that it will continue as an activity of the Association with increasing emphasis and implementation during the years of expanding housing needs which lie ahead.

Standards

The following recommended standards shall be considered minimum requirements for the provision of safe, healthful housing for college and university students.

PART A. DEFINITIONS

The following definitions will aid in the understanding and interpretation of these recommended standards:

1. *Basement* shall mean any story partly underground but having at least one-half its height above the average level of the adjoining ground. Sill height of windows in basements used for living purposes shall not be over four feet above the finished basement floor, and the ceiling shall not be less than four feet above the adjoining grade line.

2. *Cellar* shall mean a story having more than one-half its height below the average level of the adjoining ground.

3. *Dwelling* shall mean any building, other than an apartment building, that contains rooms which are rented to one or more students for sleeping, studying, or housekeeping purposes.

4. *Apartment building* shall mean any building occupied and designed to be occupied as a more or less permanent home, having two or more

separate rooms or suites of rooms which contain complete facilities for living, sleeping, cooking, and eating.

5. *Housekeeping unit* shall mean a unit, within a dwelling, that contains any hot plate, stove, or other warming device that may be used in cooking or food preparation.

6. *Householder* shall mean that owner, or agent thereof, who has direct responsibility for the supervision of the dwelling or apartment building under consideration.

PART B. GENERAL STRUCTURE AND MAINTENANCE

The general building structure and maintenance shall be considered satisfactory if:

1. Daylight to the windows of the structure is not obstructed by the adjacent buildings.

2. The roof of the building is composed of stone-impregnated asphalt or some similar fire resistant material.

3. The windows and outside doors are provided with tight-fitting screens or storm windows in proper season.

4. The windows and outside doors are weatherstripped and the walls and attic spaces of the structure are insulated with rock wool, glass wool, or some similar material.

5. The building is of apparent sound construction, is not damaged, and is maintained in good repair and kept clean at all times.

6. The property upon which the structure is located is kept unlittered and attractively landscaped (if landscaping is applicable).

7. Incinerators, garbage grinder units, or clean metal garbage cans with tight-fitting metal lids are provided for the disposal of garbage wastes.

8. Incinerators or trash burners that meet with the approval of the fire department are provided for the disposal of combustible wastes.

9. There is no evidence of rodent or other vermin infestation.

10. The water supplied to the structure is from a source which has been or could be approved by the State Health Department, and the supply system itself is so designed and constructed that there is neither possibility of a cross connection between a potable and a nonpotable water supply, nor back siphonage from the sewerage system into the water supply.

11. Sewage wastes are disposed of into a municipal sewerage system

or, if this is not available, in such a manner as could be approved by the State Health Department.

PART C. GENERAL ACCIDENT AND FIRE PROTECTION

General accident and fire protection measures shall be deemed satisfactory if:

1. There is no housekeeping allowed on the third floor of dwellings, regardless of egress facilities available.

2. In the case of student-occupied sleeping rooms on the third floor of dwellings, there are available to the occupants of those rooms two means of egress which

(a) consist of stairways extending from that floor all the way to the ground,

(b) are remotely located (ideally at opposite ends of a common hallway), making it unnecessary to pass one of the means of egress to reach the other,

(c) are accessible, not blocked by furniture or storage of any kind—nor should it be necessary to pass through any rooms having doors that may be closed or locked, thereby cutting off that means of escape,

(d) are accessible through doorway exits, the doors of which open outward onto the fire stairways and have easily opened latches, or through existing casement type windows that permit ready and easy access to the escapes,

(e) are solidly constructed, attached solidly to the building, maintained in good repair, and equipped with handrails on all sides that do not directly abut the building.

3. In the case of student-occupied housekeeping rooms on the second floor of dwellings, there are available to the occupants of those housekeeping rooms two means of egress that conform with all standards outlined in section 2 above.

4. In the case of student-occupied housekeeping units upon the upper floors of apartment buildings, there are available to the occupants of those units two means of egress that conform with all standards outlined in section 2 above.

5. In the case of student-occupied sleeping rooms on the second floor of dwellings, there are available to the occupants of the rooms two means of egress that conform with all standards outlined in section 2 above.

6. At least one window in each occupied room is easily opened, of sufficient size, and so located as to afford unimpeded access to the ground.

7. All electrical connections (outlets, extension cords, appliances) are properly installed, adequately insulated, and in good repair.

8. Only 15-ampere fuses are used in the house lighting circuits, unless otherwise indicated by special wiring.

9. There is available to the occupants at least one hand-operated fire extinguisher per floor, of a type other than carbon tetrachloride, approved by Underwriters' Laboratories, Inc., that has been tested or checked within the previous year, the date of such check being noted upon a card attached to the extinguisher.

10. There is no odor or evidence of escaping gas about the house.

11. Every public hall, stairway, and foyer has sufficient lighting through windows or from electric lights that illumination of at least 5 foot candles on every part of such areas may be provided at all times of the day or night.

12. All flights of stairs within the house

(a) are of a slope not exceeding 36 degrees, and all steps of the flight uniform in dimensions,

(b) are solid and maintained in good repair, and tread coverings are securely fastened and not worn,

(c) are equipped with sturdy handrail solidly mounted at least one inch from the wall so as to be free on all sides.

PART D. INDIVIDUAL STUDENT SLEEPING UNITS

Individual student sleeping rooms shall be deemed to be satisfactory if:

1. The minimum width of the room is at least seven feet.

2. Rooms used for both study and sleeping provide at least 70 square feet of floor area for each occupant.

3. Rooms used for studying only, or sleeping only, by two or more persons, provide at least 50 square feet of floor area for each occupant, but in no case shall the room provide less than 70 square feet of floor space for a single occupant.

4. No portion of a room having a sloping ceiling that measures less than 5 feet from finished floor to finished ceiling, is used in the computation of minimum dimensions in 1, 2, and 3 above.

5. The room is not located in a cellar.

6. The walls, ceilings, and floors of the room are in good repair, clean, and attractively decorated.

7. The room is thoroughly cleaned at least once a week by the householder or an agent thereof.

8. At least two clean sheets per week are furnished by the householder for each occupant.

9. The outside window area between the stop beads is equal to or greater than one-eighth of the floor area, and 45 per cent of the total window area is openable.

10. There is, within the room, a heat source controllable by the student, which is capable of maintaining a temperature of 70 F. at knee height.

11. There is available to each occupant of a room

(a) a single or double bed in good repair, with a mattress which is firm and even,

(b) a study desk, sturdy and in good repair, with a top at least 22″ x 36″ in size,

(c) a study chair that is sturdy and in good repair,

(d) a study lamp, furnished by a householder or the student, capable of providing 30 foot-candles of illumination on all working surfaces of the student's desk,

(e) a waste basket of metal or asbestos composition,

(f) closet space of at least 24″ x 36″, closet to be equipped with clothes pole, hooks, and shelf space,

(g) a chest of drawers,

(h) a double electrical convenience wall outlet.

12. There is a lounge or easy chair available to the occupant or occupants of each room.

13. There is a bathroom located on the same floor as the room under consideration.

14. Artificial lighting is available to provide at least 6 foot-candles of illumination over the entire floor area.

15. Multiple-use rooms, also used as sleeping rooms, containing gas- or oil-burning appliances (refrigerator, stove, space heaters, etc.) contain a minimum of 150 square feet of floor area, and all such gas- or oil-burning appliances are installed in accordance with standards number 31 or number 45 of the National Fire Protection Association, particularly as regards venting, automatic pilot devices, and shut-off valves, or in

accordance with the standards of the local fire department (or applicable governmental agency).

PART E. INDIVIDUAL STUDENT HOUSEKEEPING UNITS

Individual student housekeeping units shall be deemed to be satisfactory if:

1. Rooms used for sleeping only, or study only, by two or more persons provide at least 50 square feet of floor space for each occupant, but in no case shall there be less than 70 square feet of floor space available to a single occupant, nor shall the room have a minimum width of less than 7 feet.

2. Rooms used for both study and sleeping provide at least 70 square feet of floor space per occupant.

3. Multiple-use rooms, also used for study or sleeping, containing gas- or oil-burning appliances (refrigerator, stove, space heaters, etc.) contain a minimum of 150 square feet of floor area, and all such gas- or oil-burning appliances are installed in accordance with standards number 31 or 45 of the National Fire Protection Association, particularly as regards venting, automatic pilot devices, and shut-off valves, or in accordance with the local fire department (or applicable governmental agency).

4. Rooms used only as kitchens or kitchenettes contain at least 36 square feet of floor area and are afforded proper ventilation by an aggregate window area of at least 6 square feet opening to the outside, or by mechanical ventilation capable of providing at least ten air changes per hour.

5. No portion of a room having a sloping ceiling that measures less than 5 feet from finished floor to finished ceiling, is used in the computation of minimum dimensions in 1, 2, 3, and 4 above.

6. No part of the unit is located in a cellar.

7. The walls, ceiling, and floors of the unit are in good repair, clean, and attractively decorated.

8. The unit is kept clean by the householder, an agent thereof, or the student.

9. The outside window area between the stop beads is equal to or greater than one-eighth of the floor area, and 45 per cent of the total window area is openable.

10. Beds are available, suitable to the type of occupancy, in good repair, and with mattresses which are firm and even.

11. There is within the unit a heat source controllable by the student which is capable of safely maintaining a temperature of 70 F. at knee height.

12. There are, within the unit, a study desk, with a top at least 22″ x 36″ in size, and a study chair, sturdy and in good repair.

13. All waste baskets are of solid metal or asbestos composition.

14. There is provided for each occupant a chest of drawers, and also closet space of at least 24″ x 36″, closet to be equipped with clothes pole, hook, and shelf space.

15. There are at least two double electrical convenience outlets in each room of the unit.

16. Artificial lighting is available to provide at least 6 foot candles of illumination over the entire floor area.

17. There is a lounge or easy chair in the unit.

18. A bathroom is located on the same floor as the unit, and, if shared, is shared with the occupants of one other unit only.

19. There is located within the unit a refrigerator of at least 6 cubic foot capacity capable of maintaining a temperature of 40 F. or less.

20. There is, within the unit, in addition to any handwashing lavatory a separate sink for food preparation and dishwashing, which is in good repair, of adequate size, and equipped with adequate adjacent drainboards or counter.

21. There is, within the unit, a stove and oven of at least apartment size, in good repair, and so installed as to minimize fire or explosion hazards.

PART F. BATHROOM AND TOILET FACILITIES

The bathroom and toilet facilities shall be deemed to be satisfactory if:

1. The walls, floor, and woodwork are clean, in good repair, and easily cleanable.

2. The fixtures themselves (toilet, lavatory, shower, bathtub) are in good condition, the porcelain not cracked or stained, faucets in good working order, drains open, and toilet seat in good repair and easily cleanable.

3. The light fixtures are composed of porcelain or some nonconducting material, and metal pull chains have inserted in their length a link of plastic, porcelain, or some nonconducting material or the portion exposed to the grasp of the user is composed of a nonconducting material.

4. There are no electrical appliances (radios, heaters, pin-up lamps, clocks, etc.) in the room, or if present, they are so located that simultaneous contact between the electrical appliances and any plumbing fixtures or the electrical appliance and the user of any plumbing fixture is not possible.

5. The bathroom can be reached from halls or student rooms without the necessity of going through other private rooms.

6. The toilet is flushed by means of a tank or a flush valve with approved vacuum breaker properly installed.

7. Water supply inlets on the lavatory and bathtub are above the spill line of the fixture.

8. All faucet handles on bathroom fixtures are composed of metal or a nonbreakable material.

9. Proper ventilation is afforded by an aggregate window area of at least 6 square feet, opening to the outside, or by mechanical ventilation capable of providing at least ten air changes per hour.

10. There is an adequate mirror over the lavatory and such indirect or semidirect lighting as will provide at least 20 foot-candles of illumination in the vicinity of the mirror and at least 5 foot-candles of illumination elsewhere in the room.

11. There is available one tub or shower, one toilet, and one lavatory for each eight persons or fraction thereof, including members of the householder's family wherever they share the use of such facilities. In rooming houses where rooms are let only to males, flush urinals may be substituted for not more than one-half the required number of toilets.

PART G. UTILITY AREA AND HEATING FACILITIES

The utility area and heating facilities shall be considered satisfactory if:

1. The main heating plant can be considered self-tending or automatic (stoker, gas, or oil burner), is thermostatically controlled, and is maintained in good repair.

2. Clinkers or ashes are stored only in metal baskets or other noncombustible containers and are removed periodically from the building, and no other combustibles (paints, rags, wood, papers) are stored in the general furnace area.

3. Adequate hot water is furnished by an automatic, thermostatically controlled method of heating and is available twenty-four hours a day.

4. All electrical appliances or fixtures that may be used or contacted while operating the laundry facilities are shockproof.

5. All gas- or oil-burning furnaces, hot water heaters, or appliances in the basement, cellar, or utility areas are installed in accordance with standards number 31 or 45 of the National Fire Protection Association, particularly as regards venting, automatic pilot devices, and shut-off valves, or in accordance with the standards of the local fire department (or applicable governmental agency).

6. The entire basement, cellar, and utility areas are kept free of accumulations of combustibles and are maintained in good order.

FUNCTIONS, STANDARDS, AND QUALIFICATIONS FOR COLLEGE NURSES IN A SUPERVISORY CAPACITY*

IN a small college (1,500 students or under), administration, supervision, and part of general nursing duties may be carried out by one nurse or by two or more nurses sharing shifts and responsibility on an equal basis.

A. FUNCTIONS RELATING TO POLICY MAKING AND PROGRAM DETERMINATION

1. Participates in general policy and program determination for the health service as a whole and interprets to administrative personnel the policies proposed.

2. Interprets to members of the college community the extent and limitations of service available in the health department.

3. Recruits, employs, or recommends for employment and assigns personnel for nursing service, either in a professional or nonprofessional capacity.

4. Develops and maintains a system for efficient management of clinic and/or bed care.

5. Provides for maintenance of supplies and equipment.

6. Develops, or participates in developing, and maintains acceptable methods of recording and reporting.

7. Prepares budget or assembles basic data essential for budget.

8. Helps design and carry out epidemiologic studies, special research projects, and mass immunizations.

* Discussed and adopted by the Section on Nursing Care, March 28, 1958.

9. Acts as liaison between college health department and health agencies in the community to assure best co-ordination of these resources.

10. Participates in planning for emergency care in catastrophic emergencies and national defense.

11. Keeps abreast of current ACHA recommendations and compares own health service with established standards where these exist.

B. FUNCTIONS RELATING TO NURSING CARE OF INDIVIDUALS, DEVELOPMENT AND OPERATION OF THE COLLEGE HEALTH PROGRAM

1. Gives, arranges for, or supervises and co-ordinates nursing care of the sick and injured for those members of the college community who come under her care.

2. Provides or arranges for health counseling, including emotional aspects, of individuals seeking or needing this support.

3. Under medical direction performs treatments and preventive procedures. When the physician is off campus, these treatments and tests may be carried out by a nurse working under standing orders, and they should be reported to the physician as soon as possible.

4. Gives preventive immunizations and tests required by the college health department. Interprets findings to physician and/or patient.

5. Conducts careful follow-ups on college requirements to assure that these have been met by individuals to whom they apply, e.g., x-rays, vaccinations, etc.

6. Arranges for referrals and communicates pertinent information to consulting physicians, hospital, clinic, or other agency.

7. Is on the alert for environmental health hazards which may cause acute or chronic communicable disease, accident, fatigue, or strain. When uncovered or suspected, reports such hazards to proper authority.

8. Shares responsibility for the physical plant of the health service.

C. STANDARDS OF PRACTICE FOR COLLEGE HEALTH NURSES, SUPERVISORS OR STAFF

1. Recognizes final responsibility of physician in matters relating to medical care.

2. Safeguards the integrity of the individual student, faculty member, or employee.

3. Recognizes the right and the responsibility of the individual to make his own decisions.

4. Understands and utilizes the other contributions and professional disciplines of the college and community resources.

5. Accepts and works within the bounds of her professional competencies.

6. Considers the college as a whole, as well as the individual, in every phase of her nursing service.

7. Recognizes opportunities and obligations to influence the health of the college community through the college health service.

8. Recognizes preventive health care, health promotion, and rehabilitation as an integral part of all college health nursing service.

9. Uses the health service as a means of direct and indirect health education.

Standards of Employment

At previous meetings of the Section on Nursing Care, ACHA (see Bulletins 36 and 37 for complete text) it was decided that, since the work of a nurse engaged in student health differed so greatly from one college to another, the nurse herself should, with the help of the American Nurses' Association if necessary, decide in which section of ANA she belongs. Once that has been decided, the nurse can be guided by Employment Standards set by the State Nurses' Association for this category. Personnel policies should be tailored from these standards to fit the needs of the particular college health service and its nursing staff.

Qualifications for Nurses in Supervising Positions or Working Alone

A. BASIC NURSING

1. Graduation from school of professional nursing having state accreditation at the time of her graduation.

2. Current license to practice as registered professional nurse.

B. ADVANCED PREPARATION

Advisable:

1. Bachelor's Degree. Content of course ideally should include adolescent personality, principles of public health, teaching health, advanced first aid, foundations of education.

2. Completion of course as outlined for "Preparation of Nurses for College Health" by Fourth National Conference on Health in Colleges. As this is not yet being offered, it is a goal toward which health services may aim.

C. PAST EXPERIENCE

1. At least two years' experience in school health, industrial health, or generalized public health program.

2. Two years' experience as ward supervisor, if college maintains a hospital as well as a dispensary.

D. PERSONAL QUALITIES

1. Mature personality, evidenced by ability to get along well with others.

2. Sincere interest in and understanding of the adolescent personality.

3. Administrative ability.

4. Ability to accept responsibility for decisions without undue strain.

Qualifications for Staff Nurses

A. Same as above.

B. May be omitted.

C. 1, advisable; 2 may be omitted.

D. 1, 2, and 4.

Membership in State and National Nurses' Association advised for all professional nurses.

President's Address

CARL R. WISE, M.D., COLUMBIA UNIVERSITY

IT has been customary in recent years, I believe, for the President of this Association, in the opening remarks of his address, to explain that it is customary for him to review the history and accomplishments of the organization to date and then to excuse himself from this tradition to say other things. Being somewhat confused, therefore, by this untraditional tradition, I shall proceed to talk more about the future than the past. I believe that, like those concerned with other facets of American education, we are facing new and larger challenges that cannot be met with the old time-honored formulae. What, then, are these new problems, and how shall they be met?

For many years I have been fascinated by a small essay of J. B. S. Haldane, called "On Being the Right Size." Although it is always dangerous to try to draw analogies between physical and social organization, there may be certain lessons to be gained by observing Nature's wisdom of structure.

Haldane, then, considers a giant man sixty feet high, such as Giant Pope or Giant Pagan in *Pilgrim's Progress*. These creatures were not only ten times as high as Christian, the hero, but also ten times as wide and ten times as thick as he, so that their total weight was a thousand times his, or about eighty tons. Unfortunately, the cross sections of their bones were only one hundred times those of the normal man, so that each square inch of cross section, the determining factor, had to bear ten times the weight carried by the normal femur. Consequently, the giants would have broken their thighs as soon as they tried to take a step.

Again, you can drop a mouse off a thousand-foot cliff, and it shakes itself on hitting the ground and walks away. A rat would probably be killed, a man is killed, and a horse splashes when put through this ordeal.

The reason for this is not the weight of the animal but the fact that the resistance presented to movement through the air is proportional to the surface of the moving object in relation to its weight.

Similarly, insects and lower animals breathe through their skins, so to speak, but animals above one-quarter inch thick must develop an expanded respiratory system in the form of gills or lungs. Comparative anatomy is largely the story of the struggle to increase surface in proportion to volume. The higher animals are not larger than the lower because they are more complicated. They are more complicated because they are larger.

Haldane believes that there is likewise a best size for every human institution. In the Greek type of democracy all the citizens could listen and vote directly on questions of legislation. Hence, Plato and others held that a small city was the largest possible democratic state. As communication has become virtually universal and almost instantaneous, democracy has been made possible for larger states.

In the same way, as knowledge of medicine and physiology, public health methods, and psychiatric techniques has grown, so has the complexity of health services. And as the concept of the importance of health, as opposed to disease, has grown, so have the agencies necessary to deal with health in all its facets.

During the past two years the ACHA has been undergoing a subtle revolution of form as it has found itself unable to meet the demands on it. This need was ably set forth in the *Proceedings* of the Thirty-third Annual Meeting, by Dr. Irvin Sander, a past president and past secretary. He pointed out particularly our need for a permanent business office and increased funds. A change in our organization was formulated by Dr. Lewis Barbato last year, voted on by us, and implemented this past year by our Secretary, Dr. John Summerskill. These changes have involved an increase in income, a drive for more members and the establishment of organized Sections, the beginning of growing pains after many years of a fairly static body. These changes have created new problems which are being worked out at this meeting. Has all this change really been necessary? Are we becoming too highly organized? Will we be too heavy to support our own weight and are we, so to speak, "the right size?" Are we in danger of falling into the trap of big business and big government as so humorously set forth in Parkinson's Law?

In an effort to answer these questions, I would like to look into the future a bit and see some of the problems that are in store for us, both as individual health services and as a national organization.

Two forces operating at the present time in the field of education will have far-reaching effects not only on our own small sphere of activity but on general education and the nation as a whole. The final effect of these two forces cannot, try as one may to see through the complexities involved, be prophesied at this time. These forces are: (1) the swelling of the college and university student enrollment from the three million-odd at present to six and one-half or seven million within the next ten years due to the increase in birth rate in the forties and the increase in those going to college and (2) the revolution in educational thinking which, although smoldering along before this, has been suddenly pushed into high gear by Russian supremacy in some fields. There is, at the moment, pressure from many quarters to return to hard-core education, with less so-called "progressivism," "permissiveness," and the attitude that "the happy child is the learning child" rather than the "learning child is the happy child." One writer on this subject has used a quotation from Voltaire that I cannot resist inserting here, so terrible are its implications: "History is only the pattern of silken slippers descending the stairs to the thunder of hob-nailed boots climbing upward from below."

The effect that this student tidal wave will have on our collegiate structure is in itself a most complex one, and I am not sure that I, a mere layman in this field, can even begin to integrate the many variables that will be operating. Certainly the tidal wave will have to be absorbed by existing schools and not by new institutions as time is short. There can be no question, however, that health services will be profoundly affected by the changes that will come about.

It is generally conceded that the state universities will take the largest proportion of these new students. Many of you who already have large facilities for student health care will find that they will have to be doubled in size in the next ten years, which may well mean new buildings and many new staff members. With the pressure being exerted on university budgets to increase faculty salaries, even to double their present levels, funds for health service budgets are going to be hard to come by. Infirmary facilities and out-patient offices, if they are not expanded, will become crowded and cramped.

A corollary of this increase will be the task of staffing services with

physicians. A recent study has pictured a shortage of 2,000 medical graduates a year within a short time. The present tendency for industrial and union organizations to set up full-time health services will be a source of competition for those doctors who want to go into full-time work. So all of us have to face the reality of increasing our physicians' salaries as well as expanding the numbers on our staffs.

A second effect will be that felt by the small college. Hundreds of small liberal arts colleges in this country with enrollments between 500 and 1,000 students have been caught in a dilemma. Their very smallness has precluded their having education programs sufficient to gain accreditation, and this lack has in turn kept students away. With the oncoming pressure these small schools will take up their share of the new student load and may well become a very important part of the total college picture.

Many, in fact most, of these small schools have been unable to support student health services of any kind—we all know that there is a certain volume of work in clinics and infirmaries below which a fully developed health program is prohibitively expensive. As they grow, however, these schools will feel the need for health service facilities and will need and ask for help in organizing them. The ACHA should be ready to provide information for these developments, and it is here that our newly organized sections will be called upon to function. We cannot expect our Secretarial Office to assume the burden of giving all the advice needed for this job. As Dr. Summerskill has said recently to me, he does not feel qualified to answer such questions as "How should a psychiatric service be organized? What is the best way to finance our health program? How can we make use of the local health facilities?" In setting up our permanent sections at this meeting, we should remember this possible function for each of them, and we should realize that they cannot be merely forums for the debating of problems once a year but must serve as sources of sound advice and help to the newcomers. We must be ready to create new sections as the need arises. Already this year a demand for a new section on athletic medicine is receiving the attention of the Council.

With the present trend to stiffen programs in secondary schools and tighten entrance requirements in both private and state colleges, we may find a different type of student in our colleges, not a type to whom college represents a super type of social finishing school, but one whose

diploma has become a *sine qua non* for a socially and financially acceptable job. We may see more of the seriously dedicated student with a serious desire for intellectual training. At any rate, competition will become more and more swift, and the tensions engendered by it will call on our health services for more emotional guidance. We are, I believe, going to see less and less "spoon-feeding" in teaching; the student will be forced to educate himself, if for no other reason than that there will not be faculty to do it for him. This will require a maturity of outlook on learning which has somewhat disappeared in this country over the past generation, and it may cause many failures and consequent "nervous breakdowns."

It is obvious to me, therefore, that the size and scope of the ACHA is not too great for its purposes. In fact, I wonder if it is as yet competent to meet the challenge. We must be ready to change rapidly with the demands that may face us. Fortunately, we are in better position both financially and structurally to meet the future.

I would like, in passing, to mention two things that have been on my mind for some time. Last year at Baltimore it was mentioned by several people that our meetings should contain more discussion of clinical subjects, and an effort has been made to include such discussion in our present program. To me this is most important, for whatever activities a health service becomes engaged in—admission policies, health education, campus hygiene policing, counseling—it must be remembered that the core of good medicine resides in the patient-doctor relationship and that the best health teaching has to start with competent clinical medicine. There has been much talk about attracting well-trained doctors into the field of student health so as not to fill our clinical staffs with people who take positions here as a refuge. A program of medical care for students that is only a referring or first-aid agency can never satisfy a curious and enterprising clinical man. For the large health service intimately connected with a university medical school and teaching hospital there is no problem of lack of interest, for the proximity to and the opportunity to work in such facilities is stimulation enough for most of us. But in the school without such connection the physician finds himself on the fringes of clinical medicine and may well, in these days of fast-moving medical progress, find himself left far behind.

Nothing destroys the student's faith in his college health service so much as its incompetency to handle his own peculiar problem. We must

be able to offer him the best that medicine has to offer or nothing we do will make any impression on him. Each service will have to work out its own methods for doing this in its own particular situation, but without good basic medical care any health program will fall flat.

A second important consideration which I think we sometimes forget is the possible effect of our work on the future of medical care. There is little doubt in my mind that the rapid growth of all kinds of medical insurance in the past ten years has been due in part to the influence of the so-called "free medical care" given to approximately fifteen million members of the Armed Services. The realization on their part that although medical care could never really be "free" it could be budgeted for by insurance has led to many medical care programs. When one realizes that 25 per cent (and the figure may well rise) of our adult population have been through college, where they have been given excellent medical care, either by fee or insurance coverage, it is clear that the ground work may well be laid for more and more drastic change in methods of medical payment. I am personally opposed to government-controlled medical care, and I believe that whatever our method of financing individual health services, we should make it evident to our students that this is not free and that they are paying for it in one way or another. I have insisted for this reason that our medical fee not be buried in a general university fee but that it be made separate and visible to each student and his family.

In summary, then, it has been and will remain imperative that the ACHA grow and expand to serve the functions that will be required of it; and we should not be afraid to change anything that seems good merely because it is traditional.

Scientific Program

March 26, 1958

JOINT MEETING WITH THE FIFTH NATIONAL CAMPUS SAFETY CONFERENCE

Panel on Campus Health and Safety Problems: Different Viewpoints and Evaluations

Presiding: CARL R. WISE, M.D., Columbia University
Moderator: RALPH PRATOR, Ed.D., San Fernando State College

Campus Health and Safety Problems: As Viewed by the Safety Engineer. GUS SCHEFFLER, University of Minnesota.

The current and important problem of accident reporting on college campuses was evaluated. A workable accident reporting system, described here, is the framework upon which a campus safety program is developed. The co-operation of the college health service in providing such accident reporting is necessary to the solving of accident problems.

Campus Health and Safety Problems: As Viewed by the Staff Nurse. EVELYN G. CLARK, R.N., Whittier College.

There was discussion of the motivation of students to be healthy and uninjured. The fields of human relations and motivational research have important findings for workers in student medicine and health education. In diverse, subtle ways the nurse can contribute to health and safety standards and to health education at the time of treatment. It is pointed out that outside agencies, such as the Campus Safety Conference, should assist colleges in improving health and safety policies and procedures.

Campus Health and Safety Problems: As Viewed by the Medical Officer. WILFRED T. ROBBINS, M.D., University of California, Santa Barbara.

College physicians, as a group, are awakening to the role of environmental health and safety. Some of the responsibilities of the college physician are enumerated, with emphasis on the fact that he is primarily a physician. The physician would like to receive from other members of the Environmental Health and Safety team periodic and, at times, special information relative to health and safety conditions, along with service in investigating complaints and reports. College physicians could assist other members of the team by developing increased interest and activity in this field, by supporting requests for adequate funds and personnel, and by maintaining records and transmitting reports on illnesses and injuries falling within this field of interest.

Campus Health and Safety Problems: As Viewed by the Occupational Health Engineer. A. EDGAR LOWE, University of California, Berkeley.

Most university operations have industrial counterparts, the health and safety aspects of which are amenable to established methods of control. Problems arise in the correction of university hazards largely because of lack of knowledge that such hazards exist. Their existence can be revealed through routine inspection and through education of persons to recognize the hazards and to ask for necessary assistance. An adequate accident reporting system is essential. In the absence of established procedures of use, the best of controls are none too good; but well-known principles for similar work can be used as a guide.

SECTION ON MENTAL HEALTH, Second Annual Symposium

Moderator: SAXTON POPE, M.D., University of California, Berkeley

Some Observations on Acute Learning Difficulties at the College Level. KATHERINE W. DUNLAP, M.S.W., Wayne State University.

Difficulties in learning at the college level can be puzzling dynamically and challenging treatmentwise. Three case histories with learning diffi-

culties involving conflicts originating outside the academic situation are presented. The therapeutic task is to separate the school situation from the repressed conflict and, because of the limited time for treatment at the college mental hygiene clinic, *not* to dissolve or make conscious the conflict itself.

Discussion of above paper. JOHN SUMMERSKILL, Ph.D., Cornell University.

Mrs. Dunlap's paper is an insightful analysis of the ways in which psychological conflict can produce learning difficulties at the college level. Studies have shown learning difficulties present in as many as 40 per cent of college students, and more and more frequently these problems are brought to mental health clinics. The approach in this paper is psychoanalytic, and it should be recognized that many learning difficulties can and should be solved outside therapeutic channels, i.e., by changes in curriculum, work habits, goal direction, etc. Occasionally academic failure leads to a new and better adaptation outside college. There is a great need for further study and research on learning difficulties at the college level.

Participation of a Mental Hygiene Unit in University Screening Programs: A Clinical Opportunity. CHANNING T. LIPSON, M.D., Wayne State University.

Universities must somehow select or screen an increasing number of applicants and are increasingly aware of the importance that emotional factors play in determining academic success. The mental hygiene unit at Wayne State evaluates emotional factors—and this is only one factor in the University's screening program—to try to reduce problems within the University resulting from mental illness and emotional unsuitability. Examples are given of cases encountered in screening and of resulting recommendations. This program provides considerable opportunity for the practice of mental hygiene or preventive psychiatry.

Discussion of above paper. JOHN STEVENS, M.D., University of Pennsylvania.

Dr. Lipson's discussion of screening applicants has considerable significance in the light of the expected increase in applicants for admission

to our colleges. However, we should be cautious not to exceed the limits of our competence. We are competent as clinicians to detect and evaluate emotional illness; but we have no claim to success in predicting academic performance or suitability for vocational roles. Also, the presence of psychopathology does not preclude social creativeness, as the biographies of great men clearly indicate. And, further, the problem of handling the conflict of loyalties to the student and to the university is not always negligible. Unfortunately, the value of early detection of emotional illness is all too often mitigated in practice by the limited therapeutic resources. Immediate demands for service should not usurp the vital place of research if we are to have more understanding of the emotional factors in academic life.

Participation of a Mental Hygiene Unit in University Screening Programs: The Administrative Approach. VERNON E. KEYE, M.A., Wayne State University.

In a study of 785 institutions preparing teachers, 83 per cent favored selective admission to teacher education. Emotional stability was listed as the most important criterion. Wayne State has instituted such a screening program for candidates for education and nursing. The administration of this program is discussed in detail. Screening consultations have proved to be of value both to the University and to the student.

Discussion of above paper. ALAN FRANK, M.D., University of Colorado.

The problem implied in Mr. Keye's paper, that of wearing two hats, one of responsibility to the student and the other of responsibility to the university, can be resolved by having two individuals working with the student for separate, clearly defined purposes. One individual can wear two hats with a minimum of awkwardness if this is clearly defined with the student. An evaluation program, such as exists at Wayne State University, is seen to be an important function of campus mental health. But it is at best a hazardous business because of the difficulty of assessing a personality at a time of rapid transit from one set of identities to another. There is a real danger that effective, promising students could be screened out because of eccentricities or behavior which might not be socially acceptable outside the college situation.

March 27, 1958

GENERAL SESSION

The Low Resistance Syndrome. CUTTING B. FAVOUR, M.D., Palo Alto Medical Research Foundation.

The term "Low Resistance Syndrome" has been used in this study to include disorders of the many protective systems of the body which are accompanied by secondary infections. Increased susceptibility to infections may be due to deficiencies in the number and function of phagocytic leucocytes, in the metabolic functions of cells, in the capacity of plasma cells to make antibody globulin, or in the number and function of lymphocytes. These systems must be understood by the physician if he is to treat infectious diseases with wisdom as well as with antibiotics. (The paper includes tables and bibliography of seventy-six references.)

The Treatment of Dislocations of the Acromioclavicular Joint: *Secundum Artem*. MARSHALL R. URIST, M.D., University of California, Los Angeles.

Dislocation of the acromioclavicular joint, being associated with relatively little disability, should be treated first by conservative methods employing a degree of immobilization that is in proportion to the degree of damage to the ligaments. The author has observed fifty-nine cases in men during the fifteen-year period from 1943 to 1958 and has found surgical treatment necessary only in complicated or neglected cases. For such patients it is advisable to excise the outer end of the clavicle and repair the origins of the deltoid and trapezuis muscles so as to hold the end of the clavicle down in its proper anatomical compartment. (The paper includes tables and bibliography of thirty-seven references.)

Psychiatric Problems of Normal College Students. HARRINGTON V. INGHAM, M.D., University of California, Los Angeles.

Many of the students seen in the psychiatric clinic appear to be reasonably normal people. Their problems are often made more intense by the vigor of youth. Among the common problems are: emancipation from parental authority; making major decisions concerning values, politics,

religion, career, marriage; the social and academic demands of the college situation; the selfishness required by the educational process; the dilemma of whether or not the intelligent young woman should have a career. In general, college students are capable, sincere, serious, physically strong—hence invigorating and hopeful to work with.

SYMPOSIUM ON VIRAL RESPIRATORY DISEASES

Chairman: EDWIN H. LENNETTE, M.D., California State Department of Health

Some Epidemiologic Aspects of Influenza in California. RUTH M. MOLDENHAUER, M.D., ROBERT P. PARSONS, M.D., and ARTHUR C. HOLLISTER, JR., M.D., California State Department of Public Health.

During the past year California experienced its greatest influenza epidemic since 1918. Some of its features are described briefly and the need for continuous base-line information is discussed. The most remarkable feature of the entire epidemic was the absence of anticipated disruption of community-wide services. The value of alert surveillance activities in providing the necessary information to manage an epidemic was demonstrated by the experience in California.

Measuring the Occurrence of Acute Respiratory Illness in Local Population Groups. JOHN M. CHAPMAN, M.D., M.P.H., University of California School of Medicine, Los Angeles.

An outbreak of influenza in a local population group is described. Measures of occurrence included observations of daily absences (all causes), frequency of visits to the health service, and responses to a questionnaire. Of 257 households studied, illness occurred in 230 during the period September 16 to November 12, 1957. The most frequently reported duration was three to five days. Prevalence ranged from 82 per cent among junior high school students to 24 per cent among grandparents. (Tables are included.)

Asian-Strain Influenza in a Closed Population. REVEL A. STALLONES, M.D., and EDWIN H. LENNETTE, M.D., University of California, Berkeley, and California State Department of Public Health.

A severe outbreak of respiratory disease, shown by laboratory tests to have been due mostly to Asian-strain influenza virus, occurred at a hospital for mentally retarded persons at Porterville, California, in October 1957. Among 2,456 resident patients there was an attack rate of 56.6 per cent and a case fatality rate of 10.8 per 1,000. Attack rates were shown to vary according to the contact rate of the patients. Serologic examinations showed that the clinical attack rate seriously understated the total infection rate, which was estimated to lie between 70 per cent and 80 per cent. (Tables are included.)

Vaccination against Asian Influenza. A. F. RASMUSSEN, JR., M.D., University of California School of Medicine, Los Angeles.

Influenza in this country has not been pandemic but has occurred as a series of irregularly distributed epidemics. It may be that the peak of the epidemic has passed, but a sufficient number of susceptibles remain so that the possibility of more extensive disease must still be accepted. Continued vaccination of unvaccinated persons with a full 400 CCA units subcutaneously appears reasonable under these conditions. For maximal protection in the face of a threatened epidemic, booster doses, even for those who have had 250 to 400 CCA units of Asian vaccine previously, may be desirable.

March 28, 1958

SECTION ON ENVIRONMENTAL HEALTH AND SAFETY

Environmental Health Problems and Program Opportunities for the Medium-Size College and University. E. W. SIMPSON, JR., University of Nebraska.

The Environmental Health Program at the University of Nebraska consists of the following: radiological health, occupational health, safety, general sanitation, food sanitation, housing, swimming pool sanitation,

review of construction plans, and teaching. Each activity is described, and the staffing is discussed. It is the author's firm belief that these activities should be located in the university health service and should be independent of any academic, operating, or municipal department which will be affected by the program.

Health Service Responsibilities for College and University Swimming Pool Operation. A. HARRY BLISS, M.S., M.P.H., R.S., and WILLIAM H. STEINMETZ, B.S., R.S., University of California, Los Angeles.

Every campus and living-group pool should be operated according to the best attainable standards. The fundamentals of health aspects of college swimming pools must include (1) a co-operative reporting system on health related to swimmers, (2) a more positive recognition of the environmental service in planning for the development of new swimming pools, (3) a program of supervision which includes training of pool operators, and (4) consultation about and supervision of safety practices. The primary objective of a swimming-pool operation should be "clear water," and chemical control is a part of obtaining such a standard. (There is a bibliography of ten references.)

Recommended Minimum Health and Safety Standards for Off-Campus Student Housing. RICHARD G. BOND, M.S., M.P.H., and LEE D. STAUFFER, M.P.H., University of Minnesota.

The recommended standards presented are a composite of the experience of several university housing inspection programs and a careful review of several recommended housing codes, particularly the proposed housing ordinance of the American Public Health Association. The standards represent minimum requirements and are limited to the problem of off-campus housing. Recommended standards are divided into categories of (1) general structure and maintenance of the dwelling, (2) general accident and fire protection of the dwelling, (3) individual student sleeping units, (4) individual student housekeeping units, (5) bathroom and toilet facilities, and (6) utility area and heating facilities.

SECTION ON HEALTH EDUCATION

Presiding: EDWARD B. JOHNS, Ed.D., University of California, Los Angeles

Health Education in California Junior Colleges. PATRICIA HILL, California State Department of Education.

Many changes are currently taking place in the health education program in California junior colleges. These changes are mainly due to a study of instruction, facilities, and services in health, physical education, and recreation. This study is described in some detail. Final reports will deal with three questions concerning health education: (1) What basic areas should be included in the health education course? (2) What are the bases for selection of course content? (3) What are the desirable qualifications for the teacher of the health education course? Recommendations are not the only outcomes of such a study, which stimulates self-evaluation, involves college personnel, promotes agreement on policies and procedures, and increases understanding of health education among administrators.

Report of the Committee for the Development of Acceptable Course Content in the Basic Health Education Course for Lower-Division Students. MARSTON A. GIRARD, San Jose State College.

A committee was organized in 1957 to explore the thinking of health educators in California concerning course content in the basic health education course. After committee members had responded to three broad questions in this area, two workshops were held. This report contains the resulting recommendations for: (1) basic areas which should be included in the health education course, (2) bases for the selection of course content, and (3) desirable qualifications for the teacher of the health education course. It is also recommended that a number of specific questions be considered at a further conference concerning the definition of health education programs in California.

Health Education through Health Services. INA LUNDH, Long Beach City College.

The California Junior College Study Project has lent considerable impetus to the evaluation and planning of junior college health pro-

grams and facilities. It is believed that certain health services and health appraisal procedures, when administered properly, are health education experiences for students. Among these are: health inventories, vision and hearing screening, chest x-rays, physical examinations, and immunization programs. There is great need for, and merit in, health service programs which also aim at health education. It is important to spend time developing the kinds of procedures which will emphasize the educational values of health services.

Health Education through Television. VIVIAN OSBORN, M.A., Los Angeles City College.

Health education is taught on closed circuit television at Los Angeles City College. This paper discusses (1) the physical set-up, (2) the number of classes and students involved, (3) the advantages and disadvantages, from a teacher's point of view, of teaching on television, (4) questions and comments about television, and (5) the future of educational television. Methods of presentation are still in the experimental stage and there is great interest in this experiment, as indicated by the large number of visitors to the studio.

SECTION ON MEDICAL SERVICE

Panel on Organization, Development, and Construction of a College Health Service. C. R. LYONS, M.D., Texas A&M (Moderator); JEAN S. FELTON, M.D., University of Oklahoma; E. BRYAN QUARLES, M.D., University of Indiana; WILLIAM R. KAY, M.D., Medical College of Virginia; ROBERT H. VADHEIM, M.D., University of Florida; LEONA YEAGER, M.D., Northwestern University; S. I. FUENNING, M.D., University of Nebraska; CLIFFORD G. MENZIES, Michigan State University.

In the field of administrative organization, Dr. Felton presented the problems of organization confronting the administrator of a health program in a medical school. He outlined the use which could be made of the medical staff of the school in staffing the health service. It was shown that a well-organized service was needed to prevent the common practice of "corridor clinics" in medical schools. Dr. Quarles drew a graph show-

ing the staff needed for a small college and then pointed out step by step the additional organization needed as enrollment increased.

In the field of professional organization and procurement of staff, Dr. Kay, Dr. Vadheim, and Dr. Yeager told of their respective organizations. Their plans of organization varied from one full-time physician at Virginia to nine at Florida. Dr. Yeager reported that she was using two full-time pediatricians on her staff. She stated that no physician should be expected to do more than four hours of out-patient clinic duty per day. Dr. Kay stressed the need for personal attention to each student. Dr. Vadheim outlined the University of Florida's organization of 80 personnel for the care of 12,000 students. The practice of giving each full-time physician two months vacation each year for two years and then the entire summer off the third year is in effect at the University of Florida.

It was shown by a vote of the audience that over half the full-time staff physicians are paid $10,000.00 a year or more. It was stressed that in order to encourage physicians to enter this type of practice good salaries are needed, as well as reasonable working hours, good professional relationships, and adequate vacation periods with pay. It was shown that most schools have a minimal health fee of $10.00 per semester, and that this is inadequate. The need for at least one full-time physician per 1,000 students was stressed, but it was shown in our discussions that most schools have one physician for about 1,500 students. There was considerable discussion about medical staff procurement, and it appeared that advertisements in the *J.A.M.A.* are of definite value. It seems, however, that advertisements in the *Newsletter* of the ACHA are more fruitful in obtaining student health administrators.

The discussion on construction was presented by Dr. Fuenning and Dr. Menzies. This presentation was supplemented by many blue prints of health services being built or recently completed across the country. From the plans submitted, the present tendency seems to be toward more clinic area and less infirmary area with seldom more than seven beds per 1,000 students. The need for excellent planning by a well-qualified group was stressed, as most health services are combination clinics and infirmaries and not general hospitals. Infirmaries cost less per square foot than general hospitals do. Dr. Menzies outlined Michigan State's recent building program and told of each department head's planning the number of square feet and the number of rooms needed

for his own area. These individual requirements were then consolidated into over-all building planning by the architects.

Relationships between Environmental Health and Safety and the Clinical Phases of the College Health Service. BENJAMIN R. REITER, M.D., and RICHARD G. BOND, M.S., M.P.H., University of Minnesota.

The Department of Environmental Health and Safety at the University of Minnesota, which functions in intimate co-ordination with all other departments of the University Health Service, is described. Cases are presented illustrating the value of the Department of Environmental Health and Safety to clinical practice involving problems of occupational health, radiological health, general sanitation, and general safety. The weekly staff meeting attended by all professional staff at the Health Service is seen as instrumental in bringing about valuable co-operation of physician, engineer, and sanitarian.

Responsibility of Administration for the Health of Students and Faculty. MORLEY B. BECKETT, M.D., University of Michigan.

Guarding and maintaining the health of students is vital to a university administration both from an economic and an educational viewpoint. Money expended for this purpose will be returned in quality and quantity of education, which is the measure of production in a university. Retention and recruitment of faculty, which is a key to success, can be improved by an educational medical examination program for faculty and top administrative employees. Examinations on a thorough and complete scale at the University of Michigan have revealed serious, previously unknown conditions which were amenable to treatment, and they have, at the same time, improved private patient-physician liaison.

Financing a College Health Program. DANA L. FARNSWORTH, M.D., Harvard University.

The problem of financing a health service obviously varies according to region, location, and size of college. Consideration of the problem of financing over a period of several years leads to seven axioms, which

are discussed. The lower and upper limits of expenditure for a complete health service are estimated to be $40 and $70 per student per year. Good medical service requires at least one full-time physician for each 1,000 students. There is difference of opinion on the problem of the inclusion of employees and faculty in college health plans. If a clear idea is developed throughout the ACHA of what a good college health program should be and what it should cost, administrative colleagues can be given the best possible advice, and this will in the long run reflect to the credit of college medicine.

SECTION ON MENTAL HEALTH

Panel on Role and Scope of Academic Faculty Advisers in a Mental Health Program

BENSON SNYDER, M.D., Wellesley College.

As moderator, Dr. Snyder posed the following questions: What are the goals of advising? How does advising affect the teaching program and teaching effectiveness? Does an advising program promote conformity? What are the problems in the selection, training, and supervision of advisers? How does advising affect the students' perception of the teacher-adviser? The moderator pointed out that it is necessary to distinguish between different kinds of faculty advising and between different kinds of teaching philosophies at colleges, i.e., the "mechanical" versus the "therapeutic."

JOHN WEIR, Ph.D., California Institute of Technology.

The college has asked for and accepted the responsibility for the education and development of youth; therefore it cannot neglect emotional and psychological development. The adviser system is one way of meeting these needs. The advising system can provide adults for identification and relationship. Ideally it would promote in students mature feelings and attitudes and give them reassurance and the chance to form relationships with other adults; it would provide opportunities to further faculty knowledge of students and teaching as well as opportunities for identification and referral of emotional and physical ills. Criteria and procedures for selection, supervision, and training of advisers were discussed.

ROBERT ARNSTEIN, M.D., Yale University.

The faculty advising system at Yale University was described; it is a tutorial system in residences, independent of the counseling program. This system has considerable flexibility, and the absence of a highly formalized structure leads to genuine interpersonal relationships. A disadvantage to a loosely organized advising system is the lack of guarantee that each student is in contact with an adviser. It has been found that the advising needs of students change so that the amount of supervision is reduced as the student progresses.

HARRINGTON V. INGHAM, M.D., University of California, Los Angeles.

We have to accept the obvious fact that people have been helping other people for a long time. Mental health personnel can aid faculty to understand ways and means of helping students. Mental health personnel can contribute a body of knowledge, direct faculty attention to students, and help faculty with their own problems so that teaching and advising are more effective. They can also help set limits of assistance depending on the faculty's psychological knowledge, time available, and other work pressures. When limits of assistance are worked out and accepted, faculty are more comfortable and freer to use their own personal capacities and warmth with students.

JOSEPH WHEELWRIGHT, M.D., University of California, Berkeley.

Psychiatry has encountered resistance on some campuses because faculty may assume that psychiatrists can specify what "mental health" is, and they may be disillusioned. At the Princeton conference two years ago psychiatrists found it easier to define what "mental health" is not. A nine-point definition was presented. Mental health personnel should be wary about telling experienced educators and administrators how to run their own show. The job of the college psychiatrist encompasses treatment of students, training, and research; the indoctrination of educators is not a primary function. It is desirable for faculty advisers to function as such and for psychiatrists to function as such.

DANA FARNSWORTH, M.D., Harvard University.

As a discussant, Dr. Farnsworth agreed with Dr. Weir's point of view, and he questioned the reluctance of mental health personnel to get into the broader area of values and morals. Mental health people can contribute to an exciting, rewarding university environment. The psychiatric services can do a better job for students by talking with faculty and college administrators. This is not equivalent to promoting mass therapy but can contribute to better teaching by enlarging faculty understanding of the teaching process along psychological and developmental lines.

SYMPOSIUM ON RADIATION HAZARDS

Chest Surveys and Radiation. SYDNEY F. THOMAS, M.D., Palo Alto Medical Clinic.

The discussion is based on the following outline: (1) emotionalism versus intellectualism, (2) the facts, (3) the details—dosage, etc., (4) the place of chest survey in or out of the universities, (5) perspective—chest surveys and medical examinations.

Radiation Dose from Chest X-Rays. AMOS NORMAN, Ph.D., University of California, Los Angeles.

The photofluorographic units widely used in chest x-ray screening procedures give doses, measured at the surface of the student, of about 1,000 milliroentgens per exposure. When chest x-rays are obtained using conventional roentgenographic equipment and techniques, the dose received by the student is reduced almost two orders of magnitude to from 3 milliroentgens (120 KV, 0.7 mas) to 15 milliroentgens (62 KV, 13 mas). The roentgenograph obtained is superior from the medical standpoint to the corresponding picture obtained with the photofluorographic unit. These considerations provide very strong arguments for abandoning the use of photofluorographic equipment. As long as the reasonable assumption is made that the radiation hazard increases with the total dose, then it is most unreasonable to obtain radiographs by any technique other than the one that minimizes the dose to the student.

The Radiation Hazard from Chest X-Rays. E. B. LEWIS, Ph.D., California Institute of Technology.

Exposure of human beings to man-made sources of ionizing radiation constitutes a public health problem of growing importance. Concern in this symposium is with chest x-ray only. Three questions are discussed: (1) possible injurious effects from chest radiography, (2) extent to which health benefits from x-ray are offset by these possible injurious effects, and (3) what can be done to reduce radiation exposure of college students without jeopardizing tuberculosis control. Use of tuberculin test for screening purposes and replacement of photofluorographic method of diagnosis with other methods that considerably reduce the radiation hazard are recommended.

Where Are We Going in Chest X-Rays? ELLIOT A. ROUFF, M.D., Los Angeles County Tuberculosis and Health Association.

There can be no argument to the thesis that all radiation exposure which serves no useful purpose should be scrupulously avoided. The problem is one of weighing the benefits from diagnostic roentgenographic procedures against the liability of harmful effects of radiation exposure. In Los Angeles County use of the Mantoux tuberculin test has been advocated more and more in the school and younger age groups. Over the past five years technical knowledge relating to the mass use of this test has increased immeasurably. The test is seen as the ideal solution for the detection and prevention of spread of tuberculosis in colleges—still an important public health problem. (Tables are included.)

March 29, 1958

GENERAL SESSION

Health Service Responsibilities for Sanitation and Safety of Food Service Operations. WILLIAM W. JOY, University of Michigan.

Those in charge of campus public health should be fully responsible for all conditions that insure the sanitary storage and preparation and handling of food, as well as the maintenance and aesthetic attractiveness of the physical environment of the food service areas. A progressive

sanitation and safety program involves not only the prevention of disease, but provision for the benefits of a clean environment, the dignity of the individual, employee morale, education of the student, and increase in the reputation of the institution. A number of problems peculiar to a university food service are discussed.

Antimicrobial Resistant Staphylococcal Infections. JOHN W. BROWN, M.D., California State Department of Public Health.

For several years staphylococcal infections of unusual severity and somewhat unusual character have been noted with increasing frequency in hospitals. The purpose of this summary is to evaluate the many observations made, and the differences in interpretations being expressed, to assist immediate application of the best methods. Included are summarizations of epidemiology, specific observations, the hospital environment, drug prophylaxis, and characteristics of antimicrobial resistant hospital strains of micrococcus pyogenes. Practical, detailed recommendations are presented which are considered basic to good hospital management. (There is a bibliography of eighty-six references.)

Legal Problems in Consent to Treatment. JOSEPH B. HENDERSON, M.D., University of Southern California.

In student health work perhaps the most commonly encountered problem in the medico-legal field is whether or not the patient can validly consent to treatment. Inherent in the problem is the fact that many patients are not twenty-one years of age and parents are not immediately available for consent. The only real legal protection for physicians is the actual consent of the guardian. The most common exception has been the doctrine of "awareness of consequences." Another exception is that of the emergency situation. Other significant factors are treatment for the protection of the public, marital status of students, the physician-patient relationships, and the degree to which the patient has been supplied with all pertinent information about a contemplated procedure.

Index of Participants

Page

Arnstein, Robert, M.D., Panel on Role and Scope of Academic Faculty Advisers in a Mental Health Program 67

Beckett, Morley B., M.D., Responsibility of Administration for the Health of Students and Faculty 65

Bliss, A. Harry, M.S., M.P.H., R.S., Health Service Responsibilities for College and University Swimming Pool Operation 61

Bond, Richard G., M.S., M.P.H., Recommended Minimum Health and Safety Standards for Off-Campus Student Housing 33, 61

Bond, Richard G., M.S., M.P.H., Relationships between Environmental Health and Safety and the Clinical Phases of the College Health Service 65

Brown, John W., M.D., Antimicrobial Resistant Staphylococcal Infections 70

Chapman, John M., M.D., M.P.H., Measuring the Occurrence of Acute Respiratory Illness in Local Population Groups 59

Clark, Evelyn G., R.N., Campus Health and Safety Problems: As Viewed by the Staff Nurse 54

Dunlap, Katherine W., M.S.W., Some Observations on Acute Learning Difficulties at the College Level 55

Farnsworth, Dana, M.D., Financing a College Health Program ... 65

Farnsworth, Dana, M.D., Panel on Role and Scope of Academic Faculty Advisers in a Mental Health Program 68

Favour, Cutting B., M.D., The Low Resistance Syndrome 58

Felton, Jean S., M.D., Panel on Organization, Development, and Construction of a College Health Service 63

Frank, Alan, M.D., Discussant: Participation of a Mental Hygiene Unit in University Screening Programs: The Administrative Approach 57

Fuenning, Samuel I., M.D., Panel on Organization, Development, and Construction of a College Health Service 63

Page

Girard, Marston A., Report of the Committee for the Development of Acceptable Course Content in the Basic Health Education Course for Lower-Division Students 62
Henderson, Joseph B., M.D., Legal Problems in Consent to Treatment 70
Hill, Patricia, Health Education in California Junior Colleges 62
Hollister, Arthur C., Jr., M.D., Some Epidemiologic Aspects of Influenza in California 59
Ingham, Harrington V., M.D., Panel on Role and Scope of Academic Faculty Advisers in a Mental Health Program 67
Ingham, Harrington V., M.D., Psychiatric Problems of Normal College Students 58
Joy, William W., Health Service Responsibilities for Sanitation and Safety of Food Service Operations 69
Kay, William R., M.D., Panel on Organization, Development, and Construction of a College Health Service 63
Keye, Vernon E., M.A., Participation of a Mental Hygiene Unit in University Screening Programs: The Administrative Approach 57
Lennette, Edwin H., M.D., Asian-Strain Influenza in a Closed Population 60
Lewis, E. B., Ph.D., The Radiation Hazard from Chest X-Rays 69
Lipson, Channing T., M.D., Participation of a Mental Hygiene Unit in University Screening Programs: A Clinical Opportunity 56
Lowe, A. Edgar, Campus Health and Safety Problems: As Viewed by the Occupational Health Engineer 55
Lundh, Ina, Health Education through Health Services 62
Lyons, C. R., M.D., Panel on Organization, Development, and Construction of a College Health Service 63
Menzies, Clifford G., Panel on Organization, Development, and Construction of a College Health Service 63
Moldenhauer, Ruth M., M.D., Some Epidemiologic Aspects of Influenza in California 59
Norman, Amos, Ph.D., Radiation Dose from Chest X-Rays 68
Osborn, Vivian, M.A., Health Education through Television 63
Parsons, Robert P., M.D., Some Epidemiologic Aspects of Influenza in California 59
Pope, Saxton, M.D., Section on Mental Health: Second Annual Symposium 55

INDEX OF PARTICIPANTS

Page

Prator, Ralph, Ed.D., Panel on Campus Health and Safety Problems: Different Viewpoints and Evaluations 54
Quarles, E. Bryan, M.D., Panel on Organization, Development, and Construction of a College Health Service 63
Rasmussen, A. F., Jr., M.D., Vaccination against Asian Influenza .. 60
Reiter, Benjamin R., M.D., Relationships between Environmental Health and Safety and the Clinical Phases of the College Health Service 65
Robbins, Wilfred T., M.D., Campus Health and Safety Problems: As Viewed by the Medical Officer 55
Rouff, Elliot A., M.D., Where Are We Going in Chest X-Rays? ... 69
Scheffler, Gus, Campus Health and Safety Problems: As Viewed by the Safety Engineer 54
Simpson, E. W., Jr., Environmental Health Problems and Program Opportunities for the Medium-Size College and University ... 60
Snyder, Benson, M.D., Panel on Role and Scope of Academic Faculty Advisers in a Mental Health Program 66
Stallones, Revel A., M.D., Asian-Strain Influenza in a Closed Population 60
Stauffer, Lee D., M.P.H., Recommended Minimum Health and Safety Standards for Off-Campus Student Housing 33, 61
Steinmetz, William H., B.S., R.S., Health Service Responsibilities for College and University Swimming Pool Operation 61
Stevens, John, M.D., Discussant: Participation of a Mental Hygiene Unit in University Screening Programs: A Clinical Opportunity 56
Summerskill, John, Ph.D., Discussant: Some Observations on Acute Learning Difficulties at the College Level 56
Thomas, Sydney F., M.D., Chest Surveys and Radiation 68
Urist, Marshall R., M.D., The Treatment of Dislocations of the Acromioclavicular Joint: *Secundum Artem* 58
Vadheim, Robert H., M.D., Panel on Organization, Development, and Construction of a College Health Service 63
Weir, John, Ph.D., Panel on Role and Scope of Academic Faculty Advisers in a Mental Health Program 66
Wheelwright, Joseph, M.D., Panel on Role and Scope of Academic Faculty Advisers in a Mental Health Program 67
Yeager, Leona, M.D., Panel on Organization, Development, and Construction of a College Health Service 63

Page

Girard, Marston A., Report of the Committee for the Development of Acceptable Course Content in the Basic Health Education Course for Lower-Division Students 62
Henderson, Joseph B., M.D., Legal Problems in Consent to Treatment 70
Hill, Patricia, Health Education in California Junior Colleges 62
Hollister, Arthur C., Jr., M.D., Some Epidemiologic Aspects of Influenza in California 59
Ingham, Harrington V., M.D., Panel on Role and Scope of Academic Faculty Advisers in a Mental Health Program 67
Ingham, Harrington V., M.D., Psychiatric Problems of Normal College Students 58
Joy, William W., Health Service Responsibilities for Sanitation and Safety of Food Service Operations 69
Kay, William R., M.D., Panel on Organization, Development, and Construction of a College Health Service 63
Keye, Vernon E., M.A., Participation of a Mental Hygiene Unit in University Screening Programs: The Administrative Approach 57
Lennette, Edwin H., M.D., Asian-Strain Influenza in a Closed Population 60
Lewis, E. B., Ph.D., The Radiation Hazard from Chest X-Rays 69
Lipson, Channing T., M.D., Participation of a Mental Hygiene Unit in University Screening Programs: A Clinical Opportunity 56
Lowe, A. Edgar, Campus Health and Safety Problems: As Viewed by the Occupational Health Engineer 55
Lundh, Ina, Health Education through Health Services 62
Lyons, C. R., M.D., Panel on Organization, Development, and Construction of a College Health Service 63
Menzies, Clifford G., Panel on Organization, Development, and Construction of a College Health Service 63
Moldenhauer, Ruth M., M.D., Some Epidemiologic Aspects of Influenza in California 59
Norman, Amos, Ph.D., Radiation Dose from Chest X-Rays 68
Osborn, Vivian, M.A., Health Education through Television 63
Parsons, Robert P., M.D., Some Epidemiologic Aspects of Influenza in California 59
Pope, Saxton, M.D., Section on Mental Health: Second Annual Symposium 55

INDEX OF PARTICIPANTS

Page

Prator, Ralph, Ed.D., Panel on Campus Health and Safety Problems: Different Viewpoints and Evaluations 54

Quarles, E. Bryan, M.D., Panel on Organization, Development, and Construction of a College Health Service 63

Rasmussen, A. F., Jr., M.D., Vaccination against Asian Influenza .. 60

Reiter, Benjamin R., M.D., Relationships between Environmental Health and Safety and the Clinical Phases of the College Health Service 65

Robbins, Wilfred T., M.D., Campus Health and Safety Problems: As Viewed by the Medical Officer 55

Rouff, Elliot A., M.D., Where Are We Going in Chest X-Rays? ... 69

Scheffler, Gus, Campus Health and Safety Problems: As Viewed by the Safety Engineer 54

Simpson, E. W., Jr., Environmental Health Problems and Program Opportunities for the Medium-Size College and University ... 60

Snyder, Benson, M.D., Panel on Role and Scope of Academic Faculty Advisers in a Mental Health Program 66

Stallones, Revel A., M.D., Asian-Strain Influenza in a Closed Population 60

Stauffer, Lee D., M.P.H., Recommended Minimum Health and Safety Standards for Off-Campus Student Housing 33, 61

Steinmetz, William H., B.S., R.S., Health Service Responsibilities for College and University Swimming Pool Operation 61

Stevens, John, M.D., Discussant: Participation of a Mental Hygiene Unit in University Screening Programs: A Clinical Opportunity 56

Summerskill, John, Ph.D., Discussant: Some Observations on Acute Learning Difficulties at the College Level 56

Thomas, Sydney F., M.D., Chest Surveys and Radiation 68

Urist, Marshall R., M.D., The Treatment of Dislocations of the Acromioclavicular Joint: *Secundum Artem* 58

Vadheim, Robert H., M.D., Panel on Organization, Development, and Construction of a College Health Service 63

Weir, John, Ph.D., Panel on Role and Scope of Academic Faculty Advisers in a Mental Health Program 66

Wheelwright, Joseph, M.D., Panel on Role and Scope of Academic Faculty Advisers in a Mental Health Program 67

Yeager, Leona, M.D., Panel on Organization, Development, and Construction of a College Health Service 63

Registrants at the Thirty-sixth Annual Meeting

Margaret C. Acosta, R.N., San Francisco State College
Jack L. Adame, B.Sc., University of California, Los Angeles
John I. Ahlers, B.A., Continental Casualty Co.
Henrietta Althoff, R.N., Willamette University
Dorothy V. Anderson, Ph.D., University of California, Los Angeles
Russell L. Anderson, Ph.D., M.D., Florida A & M
Robert L. Arnstein, M.D., Yale University
Donald W. Bailey, Ph.D., Sacramento State College
Faye M. Baker, R.N., University of California, Davis
Audrey Ballard, University of California, Los Angeles
Evelyn Ballard, M.D., San Francisco State College
Lewis Barbato, M.D., University of Denver
Allan H. Barker, M.D., Brigham Young University
Morley B. Beckett, M.D., University of Michigan
George E. Bender, M.D., Pennsylvania State University
Charles Benninger, Jr., M.D., Chico State College
Gordon G. Bergy, M.D., University of Washington
John L. Biggerstaff, D.O., Northeast Missouri State College
Carleton D. Bingham, M.S., University of California, Los Angeles
William H. Blair, A.M., Th.B., Wheaton College
Russell M. Blemker, M.D., University of Oregon
Barbara Bol, R.N., University of California, Santa Barbara
Richard G. Bond, M.P.H., University of Minnesota
Warren C. Bonney, Ph.D., Texas A & M College
Eugene E. Bossi, M.D., San Francisco State College
Richard J. Bowen, B.A., M.D., University of Western Ontario
Ruth E. Boynton, M.D., University of Minnesota
William Brill, M.D., University of Nebraska

REGISTRANTS AT MEETING

Wilma V. Broadbent, R.N., University of California, Riverside
Evelyn L. Broffle, R.N., Mt. San Antonio Junior College
Harold Brown, B.S., University of California, Los Angeles
Irene Brown, Los Angeles Tuberculosis and Health Association
John W. Brown, M.D., University of California, Berkeley
Mary C. Bullock, R.N., B.S., University of California, Los Angeles
Mrs. Ruby Rich Burgar, R.N., Occidental College
Alice L. Burkett, R.N., Reed College
Martha Buss, PHN., Orange Coast College
Ralph I. Canuteson, M.D., University of Kansas
M. R. Chappel, M.D., University of Arizona
Evelyn G. Clark, R.N., Whittier College
Ruth M. Collings, M.D., Woman's College, University of North Carolina
Gilbert S. Coltrin, M.D., Associated Colleges at Claremont
Loyal W. Combs, M.D., Purdue University
Andrew W. Contratto, M.D., Harvard University
Thomas Y. Cooper, M.D., University of California, Davis
Walter W. Cothran, B.S., University of Washington
Joseph B. Crowley, M.D., Notre Dame University
Duane Crummett, Los Angeles Tuberculosis and Health Association
Lucille Dadison, R.N., University of Southern California
A. O. DeWeese, M.D., Kent State University
Kay Drake, Los Angeles Tuberculosis and Health Association
Max L. Durfee, M.D., Oberlin College
Edward J. Dvorak, M.P.H., University of Minnesota
Lester M. Dyke, M.D., University of Maryland
Margaret A. Evans, Washington, D. C., Public Health Service
Dana L. Farnsworth, M.D., Harvard University
Muriel E. Farr, R.N., Bryn Mawr College
Cutting B. Favour, M.D., Stanford University
Jean S. Felton, M.D., University of Oklahoma Medical Center
Dorothy B. Ferebee, M.D., Howard University
John Fergus, California Physicians Service
Robert Fields, Los Angeles Tuberculosis and Health Association
Marshall J. Fiese, M.D., Fresno State College
Joseph V. Finnegan, M.D., St. Louis University
Mildred E. Foxen, R.N., California State Polytechnic College
Alan Frank, M.D., University of Colorado

Valiant D. French, M.D., Rush Medical College
Samuel I. Fuenning, M.D., University of Nebraska
William R. Galeota, M.D., Missouri University
James R. Gallivan, Ph.B., University of Illinois
Sister Genevieve Marie, M.S., Mt. St. Mary's College
Frank A. Gohr, M.P.H., University of California, Berkeley
Jean E. Granfield, R.N., St. Joseph's College
Thomas J. Gray, M.D., San Jose State College
Paul O. Greeley, M.D., University of Southern California
Lydia F. Green, Seattle Pacific College
Beverly M. Griffith, R.N., Humboldt State College
Hans R. Grigo, B.S., Michigan State University
Freda Haffner, M.D., Los Angeles City College
Loretta M. Hanna, R.N., University of California, Santa Barbara
John W. Hanson, M.D., Carleton College
Geraud T. Harpole, M.D., Portland State College
Brother Philip Harris, Ph.D., St. Francis College
Duane F. Hartshorn, M.D., Colorado State University
Mary E. Head, Los Angeles Tuberculosis and Health Association
Ozmer L. Henry, Jr., M.D., Wake Forest College
Henrietta Herbolsheimer, M.D., University of Chicago
Marguerite Heyboer, R.N., University of Redlands
Grace Hiller, M.D., Goucher College
Ruth E. Hodis, R.N., Montana State College
Frances A. Hoffman, A.B., University of California, Santa Barbara
Lawrence W. Holden, M.D., University of Colorado
George H. Houck, M.D., Stanford University
Dan Howell, Los Angeles Tuberculosis and Health Association
Marie Howes, M.A., Orange Coast College
Paul R. Huber, M.D., Loyola University
Jeanne L. Hurd, M.N., Westminster College
Philip W. Hursh, M.D., University of Minnesota
Edward Hurtado, M.D., Rutgers University
Charles J. Hutchinson, M.D., Brown University
Ann V. Hutt, B.A., Western Personnel Institute
Doris C. Ingersoll, R.N., University of California, Riverside
Harrington V. Ingham, M.D., University of California, Los Angeles
Fred R. Ingram, M.S., University of California, Berkeley

Mary Iverson, R.N., University of California, Riverside
Myrtle I. Johnson, R.N., North Dakota Agriculture College
William W. Joy, M.P.H., University of Michigan
Fred P. Kallina, Texas Technological College
William R. Kay, M.D., Medical College of Virginia
Otto J. Keller, M.D., Northern Illinois University
Vernon E. Keye, M.A., Wayne State University
Marion D. Kinzie, M.D., University of Illinois
Celeste Knipmeyer, B.S., University of Nebraska
Hannah C. Kraus, A.B., University of California, Los Angeles
Charlotte V. Leach, M.P.H., National Tuberculosis Association
Edwin H. Lennette, M.D., University of California, Berkeley
Edith M. Lindsay, Ph.D., University of California, Berkeley
Wayne O. Littrell, University of Denver
Francis W. Logan, M.D., Ohio Wesleyan University
F. D. Lovett, M.D., California State Polytechnic College
Alan E. Lowe, B.S., University of California, Berkely
Raymond A. Lynch, M.D., Delaware State Board of Health
C. Roger Lyons, M.D., Texas A & M College
Ken McClain, Los Angeles Tuberculosis and Health Association
Lucille McCulloch, University of California, Los Angeles
Helen F. MacDonald, R.N., University of California, Santa Barbara
Ruth L. McFadden, Passadena City College
Elaine McFarland, R.N., Arizona State College
Donald S. MacKinnon, M.D., University of California, Los Angeles
James B. McLester, M.D., University of Alabama
Dot Malone, R.N., University of California, Los Angeles
Margaret Manire, Fullerton Junior College
B. Louise Mann, R.N.
Donald L. Martinson, M.D., Long Beach State College
Ruth L. Memmler, M.D., East Los Angeles Junior College
C. G. Menzies, M.D., Michigan State University
Raidie P. Merdinger, R.N., Roosevelt University
Fred N. Miller, M.D., University of Oregon
Marian H. Miller, M.D., University of Oregon
Mildred E. Miller, R.N., University of Texas, Medical Branch
Charles A. Mobley, General Motors Institute
John R. Moore, University of California, Berkeley

Norman S. Moore, M.D., Cornell University
John Morris, A.B., University of Illinois
William W. Mounts, M.D., California State Polytechnic College
Melbourne Murphy, M.S.P.H., University of Michigan
Joann L. Nash, University of California, Berkeley
Alma Nemir, M.D., University of Utah
Arnold L. Nielsen, M.D., U. S. Public Health Service
Edith L. Olson, R.N., Oregon College of Education
Mrs. Ernest Olson, Willamette University
William T. Palchanis, M.D., Ohio State University
Eula W. Palmer, M.D., Louisiana State University
Marcel Patterson, M.D., University of Texas Medical School
Verna E. Peeler, R.N., University of Redlands
Wayne G. Pippenger, M.D., Ball State Teachers College
Gayle Pond, R.N., Western Michigan University
Saxton Pope, M.D., University of California, Berkeley
E. Bryan Quarles, M.D., Indiana University
Claudia L. Radikin, R.N., University of California, Santa Barbara
Alfred N. Rea, M.P.H., University of California, Los Angeles
Benjamin R. Reiter, M.D., University of Minnesota
Clarke A. Richards, B.S., University of California, Santa Barbara
Lillith M. Richli, R.N., La Sierra College
Wilfred T. Robbins, M.D., University of California, Santa Barbara
Frank O. Robertson, M.D., San Diego State College
Margaret W. Robertson, M.A., M.P.H., Eastern Oregon College, Whitworth College
Bruce S. Roxby, M.D., Temple University
Irvin W. Sander, M.D., Wayne State University
May L. Saxe, M.S.W., University of California, Los Angeles
Gus L. Scheffler, B.S.C.E., University of Minnesota
George Scheppler, M.D., Humboldt State College
Lucinda Schievelbein, B.S., University of Nebraska
Paul F. Schrode, M.D., University of Pennsylvania
Carlton W. Shaw, M.D., Montana State College
Alice A. Shea, R.N., California Institute of Technology
Ethel Shrode, R.N., University of California, Santa Barbara
E. W. Simpson, Jr., B.S., M.P.H., University of Nebraska
Edmund E. Simpson, M.D., Sacramento State College

Olga Sirola, M.D., Eastern Michigan College
Marjorie M. Smarzo, M.D., University of Illinois
A. Wilson Smith, M.D., DePauw University
Helen R. Smith, R.N., San Jose State College
Benson Snyder, M.D., Wellesley College
Robert A. Snyder, M.D., Northwestern University
Marseille Spetz, M.D., Humboldt State College
Norman V. Steere, B.S.E., Michigan State University
William H. Steinmetz, B.S., University of California, Los Angeles
John M. Stevens, M.D., University of Pennsylvania
Frances H. Stewart, M.D., University of Toronto
John H. Stibbs, Ph.D., Tulane University
Homer O. Stilson, M.D., College of Medical Evangelists
Robert M. Stoltz, M.D., Valparaiso University
John Summerskill, Ph.D., Cornell University
Reinhold A. Sundeen, M.D., Ripon College
Myron J. Talbert, M.D., University of Redlands
Dale A. Tanner, B.S., Continental Casualty Co.
Carl F. Tarlowski, M.D., New Mexico College of A & M Arts
Ardath Thompson, R.N., University of California, Berkeley
Douglass S. Thompson, M.D., New York University
Joseph B. Trainer, M.D., University of Oregon Medical School
Thomas V. Urmy, M.D., Williams College
Robert N. Vadheim, M.D., University of Florida
Frederick A. Veitch, M.D., University of California, Riverside
Helen L. Walker, M.S., Fullerton Junior College
Catherine M. Wallace, M.A., San Jose State College
Harold M. Walton, M.D., College of Medical Evangelists
Margaret R. Ward, Mt. St. Mary's College
Robert W. Webb, B.S., University of Indiana
Daniel P. Webster, M.A., National Safety Council
Adolph Weinzirl, M.D.
Carl D. Wells, M.D., University of California, Berkeley
Elmer Werner, M.D., University of Cincinnati
Ione L. Wheeler, M.S.W., University of California, Los Angeles
Joseph B. Wheelwright, M.D., University of California, Berkeley
Paul L. White, M.D., University of Texas
John H. Whitmer, M.D., University of Wyoming

STUDENT MEDICINE

Fred L. Willis, Purdue University
Carl R. Wise, M.D., Columbia University
George E. Wodehouse, M.D., University of Toronto
Curtis A. Wood, Ed.D., Prairie View A & M College of Texas
Mary F. Wood, R.N., Stanford University
James V. Woodworth, M.D., University of Oregon Dental School
Leona B. Yeager, M.D., Northwestern University
Alexander K. Young, M.B.Ch.B., University of British Columbia
Margaret G. Zeff, M.D., University of California, Berkeley
Harry E. Zion, M.D., Washington State College

Institutional Members, 1958

Adelphi College
Dr. John E. Gillick
Garden City, N.Y.

Agnes Scott College
Dr. M. Virginia Tuggle
Decatur, Ga.

University of Alabama
Dr. James B. McLester
University, Ala.

Alabama Polytechnic Institute
Dr. M. W. Brown
Auburn, Ala.

Alma College
Dr. C. H. Hoogerland
Alma, Mich.

Amherst College
Dr. Stephen Brown
Amhurst, Mass.

Augsburg College & Theological Seminary
K. Berner Dahlen
Minneapolis 7, Minn.

Baldwin-Wallace College
Dr. R. L. Lechner
Berea, Ohio

Ball State Teachers College
Dr. Wayne Pippenger
Muncie, Ind.

Barnard College
Dr. Marjory J. Nelson
New York 27, N.Y.

Bemidji State Teachers College
Ruth Woods
Bemidji, Minn.

Bennett College
Greensboro, N.C.

Bennington College
Dr. Dorothy Hager
Bennington, Vt.

Berea College
Dr. J. Wilbur Armstrong
Berea, Ky.

Bowling Green State University
Dr. John H. Marsh
Bowling Green, Ohio

Bowdoin College
Dr. Daniel F. Hanley
Brunswick, Me.

Boston University
Dr. Samuel E. Leard
Boston, Mass.

Boise Junior College
Dr. Bruce C. Budge
Boise, Idaho

Bradley University
Dr. A. G. Haussler
Peoria, Ill.

Brandeis University
Dr. Robert J. Cataldo
Waltham, Mass.

Brigham Young University
Dr. Allan H. Barker
Provo, Utah

University of British Columbia
Dr. A. Kenneth Young
Vancouver 8, B.C., Canada

Brooklyn College
Eleanor D. Kilcoyne
Bedford Avenue & Avenue H
Brooklyn 10, N.Y.

Brown University
Dr. Charles J. Hutchinson
Providence, R.I.

Bryn Mawr College
Dean Dorothy M. Marshall
Bryn Mawr, Pa.

Bucknell University
Dr. Lester P. Fowle
Lewisburg, Pa.

University of Buffalo
Susan E. Griffin, R.N.
Buffalo 14, N.Y.

University of California, Berkeley
Dr. Margaret Zeff
Berkeley 4, Calif.

University of California, Davis
Dr. Thomas Y. Cooper
Davis, Calif.

University of California, Goleta
Dr. Wilfred T. Robbins
Goleta, Calif.

University of California, Los Angeles
Dr. Donald S. MacKinnon
Los Angeles 24, Calif.

University of California, Riverside
Frederick A. Veitch, M.D.
Riverside, Calif.

Cal. Institute of Technology
Dr. Richard F. Webb
Pasadena, Calif.

California State Polytechnic College
Dr. E. D. Lovett
San Luis Obispo, Calif.

California State Polytechnic College
Dr. Robert Shaver
Pomona, Calif.

Carleton College
Dr. J. W. Hanson
Northfield, Minn.

Carnegie Institute of Technology
Dr. Andrew B. Speer
Pittsburgh 13, Pa.

Catholic University
Washington 17, D.C.

Central Michigan College
Opal Thorpe, R.N.
Mt. Pleasant, Mich.

Central Missouri State College
Leroy A. Harper, Ed.D.
Warrensburg, Mo.

University of Chicago
Henrietta Herbolscheimer, M.D.
Chicago 37, Ill.

Chico State College
Dr. John B. Copeland
Chico, Calif.

University of Cincinnati
Dr. Elmer Werner
Cincinnati 21, Ohio

Claremont College
Dr. Gilbert S. Coltrin
Claremont, Calif.

Clemson Agricultural College
Dr. Judson E. Hair
Clemson, S.C.

Colby College
G. P. Loebs, M.A.
Waterville, Me.

Colgate University
Dr. John H. Rathbone
Hamilton, N.Y.

Colorado College
Dr. Roger Whitney
Colorado Springs, Colo.

Colorado State University
Dr. Duane Hartshorn
Fort Collins, Colo.

University of Colorado
Dr. L. W. Holden
Boulder, Colo.

Colorado Woman's College
Elizabeth M. Clark, R.N.
Denver, Colo.

Columbia University
Dr. Carl Wise
New York 27, N.Y.

Columbia University
College, Physicians & Surgeons
Dr. Albert R. Lamb Jr.
New York, N.Y.

Concordia College
Miss Grace Bunke, R.N.
Moorhead, Minn.

Concordia Teachers College
Mrs. Storm
Seward, Nebr.

Connecticut College for Women
Lillian Warnshris, M.D.
New London, Conn.

Teachers College of Connecticut
Dr. Harrison J. Kaiser
New Britain, Conn.

University of Connecticut
Dr. John B. Leroy
Storrs, Conn.

Cornell College
Dr. John Ware
Mt. Vernon, Iowa

Cornell University
Dr. Norman S. Moore
Ithaca, N.Y.

Cottey College
Marjorie Deily, R.N.
Nevada, Mo.

Creighton University
Dr. Ben Slutzky
Omaha 2, Nebr.

Dartmouth College
Dr. R. W. Hunter
Hanover, N.H.

University of Dayton
Brother M. Connell S.M., R.N.
Dayton, Ohio

University of Delaware
Dr. Gordon Keppel
Newark, Del.

Denison University
Dr. Robert E. Sinclair
Granville, Ohio

University of Denver
Dr. Lewis Barbato
Denver 10, Colo.

DePaul University
Dr. Joseph A. Tobin
Chicago, Ill.

DePauw University
Dr. A. Wilson Smith
Greencastle, Ind.

District of Columbia Teachers College
Clarence Davis
Washington 9, D.C.

Dominican College of San Rafael
Sister M. Damien, O.P.
San Rafael, Calif.

Douglass College
Dr. Harold W. Potter
New Brunswick, N.J.

Drake University
Alma M. Miller, R.N.
Des Moines, Iowa

Drexel Institute of Technology
Dr. John H. Arnett
Philadelphia, Pa.

Duke University
Dr. E. L. Persons
Durham, N.C.

Eastern Illinois University
Dr. Winslow G. Fox
Charleston, Ill.

Eastern Michigan College
Dr. Olga Sirola
Ypsilanti, Mich.

Eastern Montana College of Education
Miss Bernadette Martin, R.N.
Billings, Mont.

Emory University
W. R. Mason, Jr., M.D.
Emory University, Ga.

Ferris Institute
Caroline Stiefel, R.N.
Big Rapids, Mich.

Florida Agricultural & Mech. Univ.
Dr. Russell L. Anderson
Tallahassee, Fla.

Florida Southern College
Dr. Ben H. McConnell
Lakeland, Fla.

University of Florida
Dr. Robert H. Vadheim
Gainesville, Fla.

Fort Hays Kansas State College
Don Adee, Ph.D.
Hays, Kans.

Fresno State College
Dr. Marshall J. Fiese
Fresno, Calif.

Gallaudet College
Mary Van Pelt, R.N.
Kendall Green, Wash.

George Peabody College for Teachers
Harriet Garrison, R.N.
Nashville, Tenn.

George Washington University
Dr. Howard R. Unger
Washington 6, D.C.

Gettysburg College
Dr. James H. Allison
Gettysburg, Pa.

Goucher College
Dr. Grace Hiller
Baltimore 4, Md.

Graceland College
Harold L. Condit, Ed.D.
Lamoni, Iowa

Grinnell College
Evelyn Gardner, M.A.
Grinnell, Iowa

Gustavus Adolphus College
Dr. Chester Thiem
St. Peter, Minn.

Hamline University
Dr. Donald E. Roach
St. Paul, Minn.

Hampden-Sydney College
Dr. Ray A. Moore
Hampden-Sydney, Va.

Harvard University
Dr. Dana L. Farnsworth
Cambridge 38, Mass.

Haverford College
Dr. William Lander
Haverford, Pa.

Hiram College
Dr. George Sprogis
Hiram, Ohio

College of the Holy Cross
Rev. Eugene D. McCarthy, S.J.
Worcester 10, Mass.

Hood College
A. Austin Pearre, M.D.
Frederick, Md.

Hope College
Dr. William J. Moerdyk
Holland, Mich.

University of Houston
Dr. Alan Collette
Houston 4, Texas

Howard University
Dr. Dorothy Ferebee
Washington 1, D.C.

Hunter College
Dr. Ann Schlesinger
New York 68, N.Y.

University of Idaho
Dr. J. M. Fleming
Moscow, Idaho

Illinois Institute of Technology
Dr. James Fairbairn
Chicago 16, Ill.

Illinois State Normal University
Dr. C. W. Hardy
Normal, Ill.

University of Illinois
Urbana, Ill.

University of Illinois
Chicago Professional College
Dr. Buford Hall
Chicago 12, Ill.

University of Illinois
Undergraduate Division
Chicago 12, Ill.

Illinois Wesleyan University
Velma J. Arnold, R.N.
Bloomington, Ill.

Indiana State Teachers College
Dr. John H. Grindrod
Terre Haute, Ind.

Indiana University
Dr. E. Bryan Quarles
Bloomington, Ind.

Iowa State College of Agricultural & Mechanical Arts
Dr. John G. Grant
Ames, Iowa

Iowa State Teachers College
Dr. V. D. French
Cedar Falls, Iowa

State University of Iowa
Dr. C. I. Miller
Iowa City, Iowa

Jackson Junior College
Mrs. Marion L. Kelly, R.N.
Jackson, Mich.

Jefferson Medical College
Dr. Raymond S. Griffith
Philadelphia 7, Pa.

Johns Hopkins University
Dr. Frank R. Smith, Jr.
Baltimore 18, Md.

Kansas State College of Agriculture & Applied Science
Dr. B. W. Lafene
Manhattan, Kans.

University of Kansas
Dr. Ralph I. Canuteson
Lawrence, Kans.

Kent State University
Dr. A. O. DeWeese
Kent, Ohio

University of Kentucky
Dr. J. S. Chamberg
Lexington, Ky.

Lake Forest College
Margaret F. Hartzo, R.N.
Lake Forest, Ill.

Lebanon Valley College
Dr. James R. Monteith
Annville, Pa.

Lehigh University
Dr. George W. McCoy, Jr.
Bethlehem, Pa.

Longwood College
Dr. John G. Graziani
Farmville, Va.

Louisiana State University
Dr. Eula Palmer
Baton Rouge, La.

Loyola University, Chicago
Dr. P. R. Huber
Chicago 26, Ill.

Lolola University, Los Angeles
Carol G. Kadner, Ph.D.
Los Angeles 41, Calif.

MacAlester College
Dorothy S. Jacobson, R.N.
St. Paul 5, Minn.

University of Maine
Dr. Percy A. Leddy
Orono, Me.

University of Maryland
Dr. Lester Dyke
College Park, Md.

Mary Washington College
Dr. J. Richmond Lowe
Fredericksburg, Va.

Massachusetts Institute of Technology
Dr. James M. Faulkner
Cambridge 39, Mass.

University of Massachusetts
Dr. E. J. Radcliffe
Amherst, Mass.

Merrimack College
Dr. Thomas B. Hays
North Andover, Mass.

Miami University
Dr. Paul C. Schumacher
Oxford, Ohio

University of Miami
Dr. M. Eugene Flipse
Coral Gables 46, Fla.

Michigan State University
Dr. Clifford G. Menzies
East Lansing, Mich.

University of Michigan
Dr. Morley Beckett
Ann Arbor, Mich.

Midland College
Mrs. Margaret Morris, R.N.
Fremont, Nebr.

University of Minnesota
Dr. Ruth E. Boynton
Minneapolis 14, Minn.

Mississippi State College
Dr. J. C. Longest
State College, Miss.

Missouri School of Mines
Dr. E. E. Feind
Rollo, Mo.

University of Missouri
Dr. Charles A. Leech
Columbia, Mo.

Modesto Junior College
H. Hammer
Modesto, Calif.

Montana State College
F. B. Cotner, Ph.D.
Bozeman, Mont.

Montana State University
Dr. Robert W. Hansen
Missoula, Mont.

Mount Holyoke College
Dr. Pattie J. Groves
South Hadley, Mass.

Mt. San Antonio Junior College
Evelyn L. Broffle, R.N.
Pomona, Calif.

Mount Union College
Dr. Robert G. King
Alliance, Ohio

Muskingum College
Dr. J. M. McCleery
New Concord, Ohio

National College of Education
Dr. Mary H. Pope
Evanston, Ill.

University of Nebraska
Dr. S. I. Fuenning
Lincoln, Nebr.

University of Nevada
Dr. Ruth I. Russell
Reno, Nev.

University of New Hampshire
Dr. Charles H. Howarth
Durham, N.H.

New Haven State Teachers College
Dr. Dorothy R. Granoff
New Haven, Conn.

New Jersey State Teachers College, Newark
Vera H. Brooks
Newark, N.J.

New Jersey State Teachers College, Trenton
Dr. Ethel M. Powis
Trenton 5, N.J.

New Mexico College of Agricultural and Mechanical Arts
Dr. Carl F. Tarlowski
State College, N.M.

University of New Mexico
Dr. J. E. J. Harris
Albuquerque, N.M.

New York University
Dr. Douglass S. Thompson
New York 3, N.Y.

New York State University
Brockport State Teachers College
Dr. Alexander Walker
Brockport, N.Y.

New York State University
Cortland State Teachers College
Dr. L. Shultzburger
Cortland, N.Y.

New York State University
Fashion Institute of Technology
Dr. William Leader
225 West 24th St.
New York 11, N.Y.

New York State University
Potsdam State Teachers College
Dr. Richard L. Hatch
Potsdam, N.Y.

Niagara University
Rev. Gerald Fogarty, C.M.
Niagara University, N.Y.

Nichols Junior College
Dr. Quincy H. Merrill
Dudley, Mass.

University of North Carolina
Dr. E. McG. Hedgpeth
Chapel Hill, N.C.

Women's College of the University of North Carolina
Dr. Ruth M. Collings
Greensboro, N.C.

North Dakota Agricultural College
Dr. Charles A. Sevrinson
Fargo, N.D.

North Dakota State School of Science
Dr. D. G. Jaehning
Wahpeton, N.D.

North Dakota State Teachers College
Dr. C. Hoffman
Minot, N.D.

University of North Dakota
Ruth A. Noren, R.N.
Grand Forks, N.D.

Northeast Missouri State College
John Biggerstaff, D.O.
Kirksville, Mo.

Northeastern University
Dr. George M. Lane
Boston 15, Mass.

Northern Illinois University
Dr. Otto J. Keller
De Kalb, Ill.

North Texas State College
Dr. L. O. Hayes
Denton, Texas

Northwestern University
Dr. Leona Yeager
Evanston, Ill.

University of Notre Dame
Dr. Joseph B. Crowley
Notre Dame, Ind.

Oberlin College
Dr. Max L. Durfee
Oberlin, Ohio

Occidental College
Ruby Rich Burgar, R.N.
Los Angeles 41, Calif.

Ohio State University
Dr. J. W. Wilce
Columbus, Ohio

Ohio University
Dr. Eleanora L. Schmidt
Athens, Ohio

Ohio Wesleyan University
Dr. F. W. Logan
Delaware, Ohio

Oklahoma State University
Dr. Roxie A. Weber
Stillwater, Okla.

University of Oklahoma
Dr. James O. Hood
Norman, Okla.

University of Oklahoma
School of Medicine
Dr. J. S. Felton
Oklahoma City 4, Okla.

Municipal University of Omaha
Dr. M. C. Anderson
Omaha, Nebr.

Oregon College of Education
Edith L. Olson, R.N.
Monmouth, Ore.

Oregon State College
Dr. D. C. Reynolds
Corvallis, Ore.

University of Oregon
Dr. Fred N. Miller
Eugene, Ore.

Otterbein College
Dr. Walter M. Stout
Westerville, Ohio

Pennsylvania State University
Dr. Herbert R. Glenn
University Park, Pa.

University of Pennsylvania
Dr. Paul F. Schrode
Philadelphia 4, Pa.

Philadelphia College of Pharmacy and Science
Dr. Jack L. Feinman
Philadelphia 4, Pa.

University of Pittsburgh
Dr. Harry F. Bisel
Pittsburgh 13, Pa.

Pratt Institute
Dr. Paul I. Kearney
Brooklyn 5, N.Y.

Princeton University
Dr. Wilbur H. York
Princeton, N.J.

Providence College
Dr. Edwin B. O'Reilly
Providence, R.I.

Purdue University
Dr. Loyal W. Combs
West Lafayette, Ind.

Queens College
Dr. Charles W. Rieber
Flushing, Long Island, N.Y.

Quincy College
Miss Lucile Danker
Quincy, Ill.

Radcliffe College
Dr. Sholem Postel
Cambridge, Mass.

University of Redlands
Dr. George H. Armacost
Redlands, Calif.

University of Rhode Island
Dr. L. J. P. Turso
Kingston, R.I.

University of Richmond
Dr. Cullen Pitt
Richmond, Va.

Rochester Institute of Technology
Dr. Victor S. Murphy
Rochester 8, N.Y.

University of Rochester
Dr. J. F. McAmmond
Rochester, N.Y.

Rockford College
Dr. John E. Koepsell
Rockford, Ill.

Roosevelt University
Dr. S. C. Udell
430 S. Michigan Avenue
Chicago 5, Ill.

Rutgers College
Dr. Edward Hurtado
New Brunswick, N.J.

Sacramento State College
Dr. Edmund E. Simpson
Sacramento 19, Calif.

St. Cloud State Teachers College
Dr. M. Elizabeth Barker
St. Cloud, Minn.

St. Francis College
Rev. Brother Philip, O.S.F., Ph.D.
Brooklyn 31, N.Y.

St. John College
R. Molnik, B.S.N.
Cleveland, Ohio

St. John's University
Mrs. Fannie Miller, R.N.
Brooklyn 1, N.Y.

St. Joseph's College for Men
Jean E. Granfield, R.N.
Collegeville, Ind.

St. Louis University School of Medicine
Dr. Joseph V. Finnegan
St. Louis, Mo.

St. Olaf College
Dr. Donald H. Petersen
Northfield, Minn.

St. Petersburg Junior College
Mrs. Ruth C. McDonald, R.N.
St. Petersburg, Fla.

College of St. Rose
Yvonne Des Roches, R.N.
Albany 3, N.Y.

San Diego State College
Dr. Frank O. Robertson
San Diego 15, Calif.

San Francisco State College
Dr. Eugene E. Bossi
San Francisco, Calif.

San Jose State College
Dr. Thomas J. Gray
San Jose, Calif.

Sarah Lawrence College
Florence Wehrli, R.N.
Bronxville 8, N.Y.

Seattle Pacific College
Mrs. Lydia F. Green, R.N.
Seattle 99, Wash.

Skidmore College
Dr. Claire K. Amyot
Saratoga Springs, N.Y.

Smith College
Dr. Marion F. Booth
Northampton, Mass.

University of Southern California
Dr. Paul O. Greeley
Los Angeles 7, Calif.

Southern Illinois University
Dr. R. V. Lee
Carbondale, Ill.

Southwest Missouri State College
Dr. William E. Taylor
Springfield, Mo.

Southwest Texas State Teach. Coll.
Martin O. Juel, M.A.
San Marcos, Texas

Springfield College
Dr. Irving Steinberg
Springfield, Mass.

Stanford University
Dr. George H. Houck
Stanford, Calif.

Stephens College
Dr. James Cope
Columbia, Mo.

Stevens Institute of Technology
Mrs. Marilyn Smith, R.N.
Hoboken, N.J.

Syracuse University
Dr. F. M. Marty
Syracuse 10, N.Y.

Swarthmore College
Dr. Morris A. Bowie
Swarthmore, Pa.

Temple University
Dr. Bruce Roxby
Philadelphia 22, Pa.

Tennessee Agricultural & Industrial State University
Dr. Carr A. Treherne
Nashville 8, Tenn.

University of Tennessee
Dr. A. F. Miller
Knoxville, Tenn.

INSTITUTIONAL MEMBERS

Agricultural & Mechanical College of Texas
Dr. C. R. Lyons
College Station, Texas

Texas Technological College
Dr. Embree R. Rose
Lubbock, Texas

University of Texas
Dr. Paul L. White
Austin 12, Texas

University of Texas, Medical Branch
Dr. Marcel Patterson
Galveston, Texas

Texas Woman's University
Dr. G. W. Shirley
Denton, Texas

University of Toledo
Dr. Horace G. Gordon
Toledo, Ohio

University of Toronto
Dr. G. E. Wodehouse
Toronto, Canada

Trinity College
Dr. Francis Lundborg
Hartford, Conn.

Tufts University
Dr. Clark W. Heath
Medford 55, Mass.

Union College
Dr. M. M. Weaver
Schenectady, N.Y.

Upsala College
Dr. John L. Lindquist
East Orange, N.J.

University of Utah
Dr. Alma Nemir
Salt Lake City, Utah

Valparaiso University
Dr. Robert Stoltz
Valparaiso, Ind.

Vanderbilt University
Dr. T. B. Zerfoss
Nashville 5, Tenn.

Vassar College
Dr. Achsa M. Bean
Poughkeepsie, N.Y.

University of Vermont
Dr. Richard W. Amidon
Burlington, Vt.

Medical College of Virginia
Dr. William R. Kay
Richmond 19, Va.

Virginia Polytechnic Institute
Dr. Emory R. Irvin
Blacksburg, Va.

Virginia State College
Dr. Charles H. Townes
Petersburg, Va.

University of Virginia
Dr. Andrew D. Hart
Charlottesville, Va.

Wagner Lutheran College
Robert E. Wolkwitz
Staten Island, N.Y.

Wake Forest College
Dr. Ozmer L. Henry
Winston Salem, N.C.

Washington State College
Dr. Harry Zion
Pullman, Wash.

University of Washington
Dr. Gordon G. Bergy
Seattle 5, Wash.

Washington University
Dr. Llewellyn Sale, Jr.
St. Louis 5, Mo.

Wayne State University
Dr. Irvin W. Sander
Detroit 2, Mich.

Wellesley College
Dr. Elizabeth L. Broyles
Wellesley 81, Mass.

Wesleyan University
Dr. Clair B. Crampton
Middletown, Conn.

Western Illinois University
Dr. Theodor Bernardy
Macomb, Ill.

Western Michigan University
Gayle Pond, R.N.
Kalamazoo, Mich.

University of Western Ontario
Richard Bowen
London, Ontario

Western Reserve University
Dr. A. B. Denison
Cleveland 16, Ohio

Westminster College
Mrs. Jeanne Marie Hurd, R.N.
Salt Lake City 5, Utah

West Virginia State College
Dr. Charles C. Hawkins
Institute, W.Va.

West Virginia University
Dr. J. J. Lawless
Morgantown, W.Va.

West Virginia Wesleyan College
David E. Reemsnyder
Buckhannon, W.Va.

Wheaton College
Margaret R. Seelye
Wheaton, Ill.

Wheaton College
Dr. Ronald Duffield
Norton, Mass.

Whittier College
Evelyn Clark, R.N.
Whittier, Calif.

University of Wichita
Dr. Rowe F. Bisbee
Wichita 14, Kans.

Wilberforce University
Dr. Carl S. Jenkins
Wilberforce, Ohio

Williamette University
Dr. Ralph E. Purvine
Salem, Ore.

College of William and Mary
Dr. Robert E. De Bord
Williamsburg, Va.

Williams College
Dr. Thomas V. Urmy
Williamstown, Mass.

Wisconsin State College
Marjorie M. Von Arx, R.N.
La Crosse, Wis.

University of Wisconsin
Dr. Archer P. Crosley
Madison, Wis.

Wittenberg College
Dr. Joseph H. Rinehart
Springfield, Ohio

Woman's Medical College of Pennsylvania
Dr. Marion A. Boyd
Philadelphia 29, Pa.

Wooster College
Dr. Viola H. Startzman
Wooster, Ohio

University of Wyoming
Dr. John H. Whitmer
Laramie, Wyo.

Xavier College
Warren P. McKenna, B.S.
New Orleans 25, La.

Yale University
Dr. John S. Hathaway
New Haven, Conn.

Yeshiva University
Dr. Bruno Kisch
New York 33, N.Y.

Youngstown University
La Verne Reilly, R.N.
Youngstown, Ohio

Individual Members, 1958

SECTION ON ADMINISTRATION

Dr. Achsa M. Bean
Harold G. Bloomfield
Dr. Eugene E. Bossi
Dr. Ruth E. Boynton
Bertram L. Breuer
Mr. John B. Butler
Dr. Ralph I. Canuteson
Mrs. S. A. Ceravolo
Reta A. Corbett, R.N.
F. B. Cotner, Ph.D.
Jane Dollar, R.N.
Dr. J. S. Felton
J. Fred Freeman
Dr. William R. Galeota
Dr. Florence P. Gebhart
Sister Genevieve Marie, R.N., M.S.
Mrs. Eleanor V. Gilman, R.N.
Charles O. Gordon
Dr. John G. Grant
Mrs. Lydia F. Green, R.N.
Dr. Judson E. Hair
Mrs. Odell Hanchey, R.N.
Christian V. Hart
Dr. Lawrence W. Holden
Dr. James O. Hood
Dr. George H. Houck
Associate Dean Arthur H. Kiendl
Dr. George M. Lane
James Augustine Lansinger
Dr. Samuel E. Leard
Dr. Percy A. Leddy
Dr. F. W. Logan
Mrs. Eileen Loya
Donald R. Macarthur
Elaine McFarland
Dr. Donald S. MacKinnon
Dr. Chester I. Miller
Everett A. Miller
Dr. Fred N. Miller
John R. Moore, Administrator
Dr. Norman S. Moore
Melbourne Murphy
Prof. James J. Paterson
Dr. Donald H. Petersen
Miss Gayle Pond, R.N.
Loraine M. Raps, R.N.
G. Kingman Reid
Dr. Frank O. Robertson
Dr. Bruce S. Roxby
Prof. Ruth Russell
Dr. Irvin W. Sander
Dr. E. Lee Shrader
Dr. Martin E. Silverstein
John H. Stibbs
Robert M. Stoltz, M.D.
Dr. Reinhold A. Sundeen
Prof. Clair Turner

INDIVIDUAL MEMBERS

Dr. Thomas V. Urmy
Dr. Roxie A. Weber
J. Ralph Wells
Dr. Paul L. White
A. Elizabeth Wilson, R.N.
Dr. Carl R. Wise

SECTION ON CLINICAL OBSERVATIONS AND RESEARCH

Dr. Gordon G. Bergy
Margaret Evans
Dr. Alfred Flarsheim
Dr. Daniel H. Funkenstein
Dr. Paul O. Greeley
Frances A. Hoffman, A.B.
Dr. Loren O. Hotz
Dr. Ethel E. Little
Charles C. McArthur
Dr. William Mandel
Prof. Hazel M. Parke
Dr. P. H. Schmiedicke
Dr. Suzanne A. Snively
Dale A. Tanner
Dr. Douglass S. Thompson

SECTION ON ENVIRONMENTAL HEALTH AND SAFETY

Jack L. Adame
Rita E. Bergman
Carleton D. Bingham, Sr.
Prof. A. Harry Bliss
Richard G. Bond
Harold V. Brown
Dr. John W. Brown
Fred N. Cooper, R.S.
Walter W. Cothran, B.S.
Frank A. Gohr
Hans R. Grigo
Fred R. Ingram
William Joy
Wayne O. Littrell
Alan Edgar Lowe
Evaline C. McNary
Prof. George S. Michaelsen
Charles A. Mobley
John Morris
Alfred N. Rea, R.S.
Gus L. Scheffler
Lawrence L. Schmelzer
Prof. M. A. Shapiro
E. W. Simpson, Jr.
Donald L. Snow
Lee D. Stauffer
Norman V. Steere
William H. Steinmetz
W. G. Walter, Ph.D.
Robert W. Webb
Daniel P. Webster
Fred L. Willis

SECTION ON HEALTH EDUCATION

Dr. J. Wilbur Armstrong
Prof. Alice A. Benton
Dr. Bertha Rose Carroll
Sister M. Grace Clare, R.N.
Sister M. Damien, O.P.
Dr. A. O. DeWeese
Miss Johanna G. De Vries
Joan Dineen, R.N.
Mrs. Ray B. Donner, R.N.
Dr. Donald A. Dukelow
Edward J. Dvorak, M.P.H.
Charlotte S. Grue, R.N.
Dr. J. E. J. Harris
Julia C. Larson
Jean McAlary
Ruth C. McDonald, R.N.
Mrs. Ruth L. McFadden, R.N.
Sister William Mary, O.P., R.N.
Dr. Ruth L. Memmler
Mrs. Fannie A. Miller, R.N., M.S.
Sister Agnes Miriam, S.C.N.
Elizabeth A. Neilson, Ed.D.
Miss S. M. Rice
Prof. Carolyn B. Schmidt
Mrs. Christine Shultz, R.N.
Carlton W. Shaw
Gladys A. Swanson
Dr. Lloyd H. Thee, Jr.
Dr. Clifford L. Walker
Catherine M. Wallace
Dr. Curtis A. Wood
Dr. Harry B. Zion

SECTION ON MEDICAL SERVICE

Dr. Joseph Aieta, Jr.
Dr. Miriam A. Albertson
Dr. Robert F. Alderman
Dr. Ralph W. Alexander
Dr. Russell A. Allen
Dr. Evelyn Ballard
Dr. Morley Beckett
Dr. George Bender
Dr. Russell M. Blemker
Dr. Morris A. Bowie
Dr. Stephen Brown
Dr. C. M. Carney
Dr. Leo J. Cass
Dr. M. R. Chappel
Dr. Allan Collette
Dr. Ruth M. Collings
Dr. Loyal W. Combs
Dr. Andrew W. Contratto
Dr. Faith M. Cooper
Dr. Donald W. Cowan
Dr. Joseph B. Crowley
Dr. Suleyman Cullu
Dr. Britt Dalby
Dr. Willard Dalrymple
Dr. William I. Dean
Dr. Christopher R. Donoho
James M. Dunning, D.M.D.
Dr. Lester M. Dyke
Dr. Albert C. England, Jr.
Dr. C. Thomas Flotte
Dr. John Gersten
Dr. Olga Gillsegly

INDIVIDUAL MEMBERS

Dr. Louis C. Gordon
Frank B. Greene, D.M.D.
Dr. Pattie J. Groves
Dr. C. V. Hamilton
Dr. Ethel M. Hamilton
Dr. Duane E. Hartshorn
Dr. Richard L. Hatch
Dr. Paul M. Hatfield
Dr. John S. Hathaway
Dr. W. S. Hawn
Dr. J. T. Hearn
Dr. Edward McG. Hedgpeth
Dr. Caroline Helmick
Dr. Frances Kupperman Herwig
Dr. Grace Hiller
Dr. Henry T. Holt
Dr. Fred P. Kallina
Dr. Mildred E. Kamner
Dr. William R. Kay
Dr. Phillip D. Kernan
Dr. Charles E. Klontz
Dr. John E. Koepsell
Dr. M. J. Kutisker
Dr. Orrin Levin
Evangeline Lindquist, R.N.
Dr. Charles Roger Lyons
Dr. John McCain
Dr. Gail A. McClure
William L. McLane
Dr. E. J. McLaughlin
Dr. Harry R. McPhee
Dr. Salvatore N. Mangano
Dr. W. Roy Mason, Jr.
Dr. John M. Miller
Dr. Robert N. Monfort
Dr. Victor S. Murphy
J. Richard Myles, D.M.D.
Dr. Harry D. Orr
Dr. E. B. Pfefferkorn
Dr. E. Bryan Quarles
Dr. Thomas B. Quigley
Dr. Alexius Rachun
Dr. Mary M. Ray
Dr. Benjamin R. Reiter
Dr. John L. Rowbotham
Dr. Anthony G. Sack
Dr. Leonard J. Schiff
Dr. Edmund E. Simpson
Dr. Ben Slutzky
Dr. Marjorie M. Smarzo
Robert A. Snyder, M.D.
Dr. George R. Sprogis
Dr. Robert T. Steinsieck
Robert C. Stricker, D.D.S.
Dr. Carl F. Tarlowski
Dr. Hugh J. Thompson
Dr. Augustus Thorndike
Dr. Robert F. Tilley
Dr. Donald A. Tucker
Dr. C. J. Tupper
Dr. Robert H. Vadheim
Dr. A. Earl Vivino
Dr. Harold M. Walton
Dr. Kenneth R. Ward
Dr. Thomas H. Weaber, Jr.
Dr. Edward J. Welch
Dr. Edmund H. Whale
Dr. John S. Wyman
Dr. C. B. Wyngarden
Dr. Leona B. Yeager
Dr. A. Kenneth Young
Dr. Margaret G. Zeff

SECTION ON MENTAL HEALTH

Dr. Henry H. Babcock
Dr. Lewis Barbato
Dr. Graham B. Blaine
Warren C. Bonney
William Brill, M.D.
Dr. A. Louise Brush
Dr. Woodrow W. Burgess
Dr. Helen B. Carlson
Dr. Dock Curtis
Dr. C. Douglas Darling
Kenneth T. Dinklage, Ph.D.
Katherine W. Dunlap
Dr. R. K. Y. Dusinberre
Dr. Philip Erlich
Dr. Ruth E. Fairbank
Dr. Dana L. Farnsworth
Dr. Alan Frank
Audrey V. Gallon
Dr. Thomas J. Gray
Dr. Donald C. Greaves
Dr. Freda Haffner
Dr. Henrietta Herbolsheimer
Dr. Robert G. Hinckley
Vernon E. Keye
Dr. Ervin Lipschitz
Dr. George M. Lott
Dr. Allen C. Miller
Dean Rose C. Miller
Walter D. Mink
Dr. Allison Montague
Robert D. Nelson
Dr. Gerhard S. Nothmann
Dr. Saxton Pope
Dr. Herbert I. Posin
Dr. Louis E. Reik
Dr. Henry C. Schumacher
Benson Snyder, M.D.
Dr. John M. Stevens
John Summerskill, Ph.D.
Dr. William D. Temby
Dr. Joseph A. Tobin
Dr. Paul A. Walters, Jr.
Dr. Joseph M. Zucker

SECTION ON NURSING SERVICE

Gloria Old Anderson, P.H.N.
Faye Baker, R.N.
Miss Mary Barkowski, R.N.
Mrs. Pauline Beck, R.N.
Loretta Biggs, R.N.
Ann Bluedorn, R.N.
Ruby Rich Burgar, R.N.
Evelyn Clark, R.N.
Mrs. Kathryn Enke, R.N.
E. Muriel Farr, R.N.
Mrs. Alice M. Fredericks, R.N.
Sister Genevieve Marie, C.S.J.
Mrs. Arlene D. Gordon, R.N.
Mrs. Hazel V. Hamilton, R.N.
Ruth Hay, R.N.
Helen L. Howe, R.N.
Sister M. Immaculate, R.N.
Ruth Kelly
Marie F. Kemp, R.N.
Annice Knox, R.N.

INDIVIDUAL MEMBERS

Dolores L. Kukla, R.N.
Mildred C. Larson, R.N.
Miss Gemma Maddalena, R.N.
Mrs. Alice Matz, R.N.
Mrs. Raidie Merdinger, R.N.
Sister Mary Louise Nash, R.N.
Dr. Robert E. Nixon
Irene B. O'Loughlin, R.N.
Edith C. Rackley, R.N.
Ethel E. Rathbun, R.N.
Mary Louise Riefer, R.N.
Mrs. Margaret Robertson
Lutie A. Ruth, R.N.
Lucinda Schievelbein, R.N.
Hildegard Schumacher, R.N.
Ethel Shrode, R.N.
Mrs. Grayce E. Smith, R.N.
Mrs. Helen R. Smith, R.N.
Mary C. Van Pelt, R.N.
Ruth A. Vlodis, R.N.
Mrs. Lelia Wiley, R.N.
Mary Ferguson Wood, R.N.
Beulah M. Woods, R.N.
Julia L. Wyatt, R.N.

SECTION ON TUBERCULOSIS CONTROL

Dr. Henry A. Anderson
Dr. Max L. Durfee
Dr. Philip W. Hursh
Miss Charlotte Leach, M.S.P.H.
Dr. D. F. MacLeod
Dr. Harry C. Metzger
Dr. Marian Hayes Miller
Dr. Josephine H. Norton
Dr. Wm. T. Palchanis

CLASSIFIED ADVERTISEMENTS

RATES

Per line per insertion

One time.....$1.25
Four times.....$1.00

Minimum 2 lines

Count 10 average words to each line.

Copy must reach us at least 35 days before publication dates which are: Sept. 15, Dec. 1, Feb. 1, April 1.

A large mid-western university is seeking an internist, board accepted or board eligible, for the position of clinical director and assistant director of the Student Health Service. Duties will consist of supervision of all clinical work of the present medical staff and of a small infirmary about to be established. Good salary, retirement program (T.I.A.A.), sick leave and vacation pay. Reply to Box 1, Student Medicine, Gannett Medical Clinic, Ithaca, New York.